Religion, Medicine and Confessional Identity in Early Modern England

Mann, Sophie Liana

Awarding institution:
King's College London

Religion, Medicine and Confessional Identity in Early Modern England

by

Sophie Liana Mann
Department of History, King's College London

Submitted for the degree of Doctor of Philosophy in History, March 2014

Abstract

Early modern historians often frame 'religion' and 'medicine' as distinct categories of experience and conduct. They have also suggested that religious responses to illness were steadily supplanted by medical interventions during the period. This study calls these assumptions into question. Focusing on the regions of Yorkshire and Essex between approximately 1580 and 1720, it argues that religious beliefs and practices comprised an integral part of medical work, from household physic to the pursuits of university-trained physicians. It demonstrates that tending to the sick body was a religious as well as a medical act, couched in notions of divine favour, Christian duty and Christian charity. Moreover, in an age of profound and contested religious change, a sense of confessional identity shaped people's medical behaviour in a number of ways. In particular, this study highlights how the exigencies of sickness and its treatment could have paradoxical outcomes, at times working to bolster a sense of religious distinctions, whilst at others working to foster forms of confessional coexistence. In the light of these complexities, this study resists the current tendency to draw schematic correlations between a person's religious identity and their medical conduct.

The thesis is divided into five chapters, each looking at healing practices from a different perspective, starting in the household, and steadily moving out into the wider community. Lay and qualified healers; the dynamics between practitioners and their clients; the treatment of 'virtuous' sufferers; and medical charity are all examined. How such practices fared in tense religio-political contexts will also be considered. By examining these issues I hope to shed fresh light on the ways in which medical practices were embedded in social relations and community experiences; and begin to unravel some of the complex channels through which confessional identity was experienced and expressed in relation to healing. Furthermore, this research highlights that religious beliefs and practices did not simply coexist alongside medicine, or provide alternatives to medicine, but rather, operated at its very heart. This requires us to think more carefully about the language we use to talk about things that were related in such extraordinarily subtle ways in the past. The very phrase 'religion *and* medicine' is problematic, since the two subjects are presented as separate spheres of activity. Adopting terms like 'religion *in*, or *as*, medicine', and vice versa, would provide more useful frames of reference. Employing the more expansive term 'healing' is equally helpful, since it constitutes something central to medical practice, as well as something deeply rooted in religious tradition.

Contents

Acknowledgements

My greatest debt is to my supervisors, Professor Ludmilla Jordanova and Dr Lucy Kosyanovsky. Without their unfailing support, endless generosity, and invaluable guidance this thesis would not have been achievable. I am truly grateful. My thanks also go to Dr Laura Gowing and Dr David Crankshaw for their advice at my upgrade, and to Dr Florence Grant, Dr Katherine Foxhall, and Dr Keren Hammerschlag for their help and encouragement throughout the process. I am deeply grateful to my PhD examiners Professor Alexandra Walsham and Dr Lauren Kassell, for their scrupulous reading of my thesis, and their invaluable suggestions about how my work could be developed further. I would also like to thank the King's Graduate School for financially supporting my postgraduate study. I must equally record my appreciation of the assistance given by staff at the various institutions where this research was carried out. In particular, the British Library, the Wellcome Library, the Dr Williams's Library, the Royal College of Physicians, the Essex Record Office, the Borthwick Institute, and the North Yorkshire County Record Office. Other historians to whom I am particularly grateful are Dr Andrew Cunningham, Dr Peter Elmer, Professor Miri Rubin, Professor Jonathan Barry, Dr Christina Benninghaus and Dr Stephen Brogan, for taking part in a seminar series on 'religion and medicine' that Ludmilla and I organised at King's in 2013. The contributions, and the ensuing discussions, were immensely informative and stimulating. Special thanks also go to Dr Peter Elmer and Dr Lauren Kassell who kindly allowed me to consult works prior to publication. Finally, a big, heartfelt thank you to Mum, Dad, Zoë and Martin, for their encouragement, patience and love.

List of Abbreviations

BI	Borthwick Institute, York
BL	British Library, London
DWL	Dr Williams's Library, London
ERO	Essex Record Office
FSL	Folger Shakespeare Library, Washington D.C.
RCP	Royal College of Physicians Archive, London
WL	Wellcome Library, London
CHR	*Catholic Historical Review*
CRS	Catholic Record Society
CUAP	The Catholic University of America Press
BGSUP	Bowling Green State University of America Press
BJHS	*British Journal for the History of Science*
BoHM	*Bulletin of the History of Medicine*
ECL	*Eighteenth-Century Life*
ERS	Essex Recusant Society
FHS	*French Historical Studies*
GAU	George Allen and Unwin LTD
GH	*Gender and History*
HJ	*Historical Journal*
HoS	*History of Science*
JHBS	*Journal of History of the Behavioural Sciences*
JoBS	*Journal of British Studies*
JoIH	*Journal of Interdisciplinary History*
JoMH	*Journal of Military History*
JoSH	*Journal of Social History*
LPLS	*Proceedings of the Leeds Philosophical and Literary Society*
MCH	*Midland Catholic History*
MH	*Medical History*
MR	Munk's Roll
NCH	*Northern Catholic History*
NH	*Northern History*
ODNB	Oxford Dictionary of National Biography
P&P	*Past and Present*
PoS	*Perspectives on Science*
RSLC	Record Society of Lancashire and Cheshire
SCJ	*Sixteenth Century Journal*
SHM	*Social History of Medicine*
TRHS	*Transactions of the Royal Historical Society*
TS	*Theory and Society*
UCP	University of Chicago Press
YBA	Yorkshire Baptist Association

All the quotations from contemporary manuscript and printed works retain original punctuation, capitalization, italics and spelling. Printed primary sources referenced were published in London, unless otherwise specified.

Introduction

A prayer to be sayd at all tymes…In the name of Jesus, In the name of Jesus, In the name of Jesus, in the name of Jesus…Christ is mercifull and I am sinfull I beseache thee sweete Jesus forgive me my sines.

Lady Frances Catchmay (d.1629), 'A Book of Medicens,' WL, MS 184a, f 1.

*

Almighty and Everlasting God, I prayse and magnifye thy holy name…stirre up my affections to al good workes…Give mee grace, to serve thee this day as ever with a pure heart infeighnedly and cheerfully to follow my calling here, in a good Conscience.

The Journal of Edward Browne, M.D. (1644-1708), BL, MS Sloane 1906, f 16r-16v.

***

This thesis examines the ways in which religious beliefs and practices formed a central part of medical work in early modern England, from household physic to the pursuits of university-trained physicians. Focusing on the regions of Yorkshire and Essex between approximately 1580 and 1720, it demonstrates that tending to the sick body was a *religious* as well as a medical act, couched in notions of divine favour, Christian duty and Christian charity. At the same time, in an age of profound and contested religious change, a sense of confessional identity shaped people's medical behaviour. The ways in which this occurred were notably complex, since the religious pluralism which England's Reformation brought into being had deeply varied consequences: sowing the seeds for both stable coexistence, and for the bitter controversies that helped to precipitate the civil wars of the 1640s and the 'glorious revolution' of 1688. In this environment, the exigencies of sickness and its treatment could have rather paradoxical outcomes, at times working to bolster a sense of religious distinctions, whilst at others working to foster forms of confessional coexistence. Among the questions raised are: what types of situations brought the religious aspects of medical practice to the fore? How did a person's sense of affinity with a particular confessional group shape their medical practices? What specific circumstances prompted people to invoke a confessional barrier when seeking or providing treatment, and how did healers negotiate, hide, or assert their own religious convictions in everyday life?

The time frame of this study has been depicted as one of dramatic upheaval. The population more than doubled, significant developments were occurring in industry and agriculture, the power of the state was expanding, and the period witnessed a series of

religious and political crises.[1] In a medical context demand for the services of doctors was increasing, new theories of medicine emerged challenging the ancient traditions of Galenism, and the volume of drugs being imported into England was expanding.[2] Given these changes, historians have suggested that religious responses to illness were beginning to fade, steadily becoming supplanted by medical interventions.[3] Choosing this time period enables me to challenge such assertions head on.[4] My study centres on the grass roots world of healing, since we still know very little about the precise ways in which religious and medical practices integrated in everyday settings, such as the parish, the local almshouse, the household, or the bedchamber. Furthermore, the precise ways in which people of different faiths interacted in these settings are not at all evident. Until we explore these avenues further, our understanding remains limited. To put it another way, we cannot make broad generalisations about the relationship between religion and medicine without knowing what happened on the ground.

A cursory look at contemporary literature about healing highlights the point. Medical treatises, guidebooks for practitioners, conduct books, prayer manuals, diaries and letters all attest to the continued centrality of religious concerns. That religion continued to inform the management of health and the treatment of sickness was rooted in contemporary conceptions of the body, illness, and medicines. Since God had created man after his own image, attending to the Creator's handiwork constituted a religious, as well as a medical act. As the author John Edwards noted when commenting upon the work of medical students in 1696, 'we see that this Rank of Students are disposed to be Religious…their Employment leads them to it, because they are continually studying and contemplating the Works of

---

[1] See, for example, Keith Wrightson, *Earthly Necessities: Economic Lives in Early Modern Britain* (New Haven and London: Yale University Press, 2000); Steve Hindle, *The State and Social Change in Early Modern England 1550-1640* (London: Palgrave, 2000); Tony Claydon, *William III and the Godly Revolution* (Cambridge: Cambridge University Press, 1996).

[2] Ian Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge: Boydell Press, 2009); Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge: Cambridge University Press, 1989); Mary Lindemann, *Medicine and Society in Early Modern Europe, Second Edition* (Cambridge: Cambridge University Press, 2010), 84-120; Patrick Wallis, "Exotic Drugs and English Medicine: England's Drug Trade 1550-1800," *SHM* (2011): 1-27.

[3] See, for example, Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfeld and Nicolson, 1971); French and Wear, eds. *Medical Revolution*; Ian Mortimer, *The Dying*; Charles Webster, "Paracelsus Confronts the Saints: Miracles, Healing and the Secularization of Magic," *SHM* 8 (1995): 403-21; Andrew Wear, "Religious Beliefs and Medicine in Early Modern England," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, ed. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus, 1996), 145-71; Roy Porter, "The Hour of Philip Aries," *Mortality* 4 (1999): 83-90; Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (Basingstoke: Palgrave Macmillan, 2011), esp. 21-40; Keir Waddington, *An Introduction to the Social History of Medicine: Europe since 1500* (London: Palgrave Macmillan, 2011), esp. 39-56.

[4] This time period has also been selected because it extends the chronology often employed by historians of the English Reformation, which tends to halt circa 1640. On this tendency see Peter Marshall, "(Re)-defining the English Reformation," *JoBS* 48 (2009): 564-86, esp. 568. Extending the time frame to encompass the civil war period, the Restoration, and the first three decades following the Glorious Revolution will facilitate a more comprehensive exploration of the formation, nature and impact of confessional identities.

God.'[5] Looking after the body was also conceived as a religious duty, for the body housed the immortal soul, and thus to neglect the body affected the soul's spiritual health. As a best-selling prayer manual from the period advised, 'of the Christian duties we owe to our selves' we must 'provide for the good of our Soules, improving our naturall faculties by Art and Industrie,' especially 'for the good of our bodies, by sobriety, wholesome dyet, comely rayment, moderate exercise and physicke.'[6]

This extract refers directly to the Galenic system of medicine, which remained the dominant conceptual model well into the eighteenth century. Its basic model of physiology was the four humours – black bile, yellow bile, blood and phlegm – and illness arose from their imbalance. Preventative measures assumed as much importance as treatments, and the best means of maintaining health was to practise moderation in the use of the 'six non-naturals' – air, sleep and waking, food and drink, rest and exercise, excretion and retention, and the passions and the emotions.[7] Hence the prayer manual's reference to 'wholesome dyet' and 'moderate exercise'. The state of humoral equilibrium also corresponded to the state of the four elements in the environment – earth, air, fire and water. Shifts in the elements' balance, which were controlled directly by the heavenly spheres, could therefore disrupt the body's internal system.[8] Related to the power of the heavenly spheres, the onset of illness was conceptualised within a providential framework: God was responsible for bringing sickness as a moral judgement to punish sin, and He was capable of revoking it.[9]

That divine intervention was thought to influence the state of the human body can be revealed, for example, by a series of letters which the physician Thomas Browne wrote to his son Edward Browne, also a practising doctor. In December 1670 he wrote 'I thanck god I am not sick, and therefore I take it as a mercifull memento from god.' In February 1676 he instructed his son to examine 'Gods wisdome and providence from Anatomie.' In November 1679 he advised Edward to consider the state of his health 'under the providence and blessing of God', and in December 1681, during which time his son had fallen sick, the physician noted 'I am heartily glad and blesse Almightie god to understand that you are in a good way of Recoverie. The Author of life restore health unto you.'[10] In the same vein, patients regularly prayed upon taking physic, as they believed they had to seek God's

---

[5] John Edwards, *A Demonstration of the Existence and Providence of God* (1696), 133, 149.
[6] Daniel Featley, *Ancilla Pietatis, or the Hand-Maid to Private Devotion* (1626), 33-4.
[7] Lindemann, *Medicine,* 13-19, 88.
[8] Ibid.
[9] David Harley, "Spiritual Physic, Providence and English Medicine 1560-1640," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 101-17; Alexandra Walsham, *Providence in Early Modern England* (New York: Oxford University Press, 1999); Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman, Astrologer, Alchemist and Physician* (Oxford: Clarendon Press, 2005); Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012).
[10] Geoffrey Keynes, ed., *The Works of Sir Thomas Browne Volume Six* (London: Faber and Faber, 1931), 56-7, 66, 156, 232.

forgiveness before He would allow the medicine to take effect.[11] The prayer that opened Lady Catchmay's personal 'Book of Medicens', with which this introduction began, provides a case in point.[12] Indeed, medicines *themselves* were considered to be divinely inspired, as Eccl. 38.4 stated 'The Lord hath created medicines of the earth and he that is wise will not abhor them.'[13] This thesis explores the broader practices such belief systems gave rise to when individuals sought and provided medical relief in their daily lives.

Historiography: Approaches and Assumptions

In recent years historians have highlighted the religious nature of early modern attitudes towards illness. In particular, they have examined the significance of providence: the Christian doctrine of causation, which held that God was behind all happenings on Earth. While the Almighty's intentions were always benevolent, His acts of providence could be both negative and positive. Sent to chastise sin, as well as test and reward individuals and communities, these providences ranged from the onset of famine and disease, to prosperity and recovery from illness.[14] Scholars have explored the ways in which this doctrine shaped responses to sickness during the period under discussion. Alexandra Walsham, David Harley and Hannah Newton have examined how sickly Protestants and their families were motivated by the knowledge that affliction was divinely ordained, and therefore engaged in fervent prayer and repented for their sins in order to elicit the Lord's mercy and bring about a recovery.[15] Alexandra Walsham has highlighted that contemporary perceptions of healing baths and wells were embedded in a providential framework. Consequently, sickly visitors were urged to enact displays of humble repentance at such sites.[16] It has also been noted that early modern communities were called upon to engage in collective prayer and fasting during outbreaks of plague.[17] As the clergyman William Gouge declared in his *Plaister for*

---

[11] Featley, *Ancilla*, 516; Newton, *Sick Child*, 96.
[12] WL, MS. 184a, f 1.
[13] http://www.kingjamesbibleonline.org/1611_Ecclesiasticus-Chapter-38.
[14] For the most comprehensive study of this doctrine see Walsham, *Providence*. For an extended discussion of this doctrine in relation to sickness and death see pages 20-1.
[15] Walsham, *Providence*, esp. 15-20, 103-4, 142-66; Harley, "Spiritual Physic," 101-17; idem, "The Theology of Affliction and the Experience of Sickness in the Godly Family 1650-1714," in *Religio Medici: Religion and Medicine in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 1996), 273-92; Hannah Newton, *Sick Child*.
[16] Alexandra Walsham, "Reforming the Waters: Holy Wells and Healing Springs in Protestant England," in *Life and Thought in the Northern Church c.1100-1700*, ed. Diana Wood (Woodbridge: Boydell Press, 1999), 227-55; idem, *The Reformation of the Landscape: Religion, Identity and Memory in Early Modern Britain and Ireland* (Oxford: Oxford University Press, 2011), 395-454.
[17] See, for example, Paul H. Kocher, "The Idea of God in Elizabethan Medicine," *JoIH* 11 (1950): 3-29; Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge, 1985); Terrence Ranger and Paul Slack, eds., *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge: Cambridge University Press, 1992); Walsham, *Providence*, 142-56; Andrew Wear, "Fear, Anxiety and the Plague in Early Modern England," in *Religion, Health and Suffering*, ed. John Hinnells and Roy Porter (London: Kegan Paul International, 1999), 339-63; Kassell, *Medicine and Magic*, 100-22; Harley, "Spiritual Physic," 101-17. For contemporary reflections see, among others, Anthony Anderson, *An Approved Medicine against the Deserved Plague* (1593); William Gouge, *God's Three Arrows: Plague, Famine, Sword* (1631); Edward Reynolds, *A*

the Plague, 1613, 'concerning the removing of Gods judgements...assemble together by fasting and prayer…to seeke grace and favour of God...as we desire to have this hot fire of the Plague extinguished'.[18]

As God could cause illness so too could the Devil, and historians have examined the workings of this process in depth. Stuart Clark's study of demonological theory in early modern Europe has shown that the powers attributed the Devil fitted into a coherent Aristotelian system of natural philosophy. According to this system, whilst God could intervene supernaturally in human affairs – that is, work above and beyond the realm of nature – the Devil and demonic spirits worked through preternatural forces. The category 'preternatural' encompassed entities and acts whose natural causes were merely 'occult', and only seemed extraordinary by comparison to the feeble powers of men and women.[19] Still, these spirits were thought to possess remarkable physical capacities, since theology told of their original fall from divine favour that nevertheless left their other angelic advantages more or less intact. Indeed, their power over sublunary bodies was thought to be so great, that they could afflict them with diseases and/or set up occupation in them. The latter example refers to cases of illness caused by demonic possession, another topic which has attracted the attention of early modernists.

Scholars have highlighted the contemporary notion that devils could interfere with the imagination or corrupt the humours, which caused an array of distempers including convulsions, vomiting, paralysis and melancholy.[20] Historians have also examined the methods used to exorcise evil spirits from possessed sufferers. In Catholic cases, exorcists appealed to the healing powers of saints, and made recourse to sacramentals such as holy water and relics. Protestants, who explicitly rejected the cult of saints, believed prayer combined with fasting was the only legitimate means of defeating an evil spirit.[21] In addition, historians have examined broader practices associated with sickness, healing and

---

Sermon Preached before the Peers in the Abby Church at Westminster, 1666, being a day of Solemn Humiliation for the Continuing Pestilence (1666).

[18] Gouge, *Three Arrows*, 10.

[19] Stuart Clark, *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe* (Oxford: Clarendon Press, 1997). For a detailed discussion of supernatural and natural causes of illness see pages 20-2.

[20] Clark, *Thinking with Demons*; idem, "Demons and Disease: the Disenchantment of the Sick (1500-1700)," in *Illness and Healing Alternatives in Western Europe*, ed. Marijke Gijswijt-Hofstra, Hilary Marland and Hans De Waardt (London: Routledge, 1997), 38-59. Also see Judith Bonzol, "The Medical Diagnosis of Demonic Possession in an Early Modern English Community," *Parergon* 26 (2009): 115-40.

[21] On exorcism see D.P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries* (Philadelphia: Pennsylvania University Press, 1981). On Catholic exorcisms see David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), esp. 156-202; Alexandra Walsham, "Miracles and the Counter-Reformation Mission to England," *HJ* 46 (2003): 779-815. On Protestant exorcisms see Thomas, *Religion and the Decline of Magic*, chapter 15; Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England* (Cambridge: Cambridge University Press, 1982); Thomas Freeman, "'Demons, Deviance and Defiance': John Darrell and the Politics of Exorcism in late Elizabethan England," in *Conformity and Orthodoxy in the English Church, c.1560-1660*, ed. Peter Lake and Michael Questier (Woodbridge: Boydell Press, 2000), 34-63; Newton, *Sick Child*, 17-18, 24, 96-187.

the occult powers of nature. This includes research on early modern bewitchment, forms of counter-magic, the role of cunning-folk, and the work of astrological practitioners.[22]

Such research contributes to ongoing debates about whether the ideological shifts that this period witnessed occasioned the secularization of worldviews. The notion that the Protestant Reformation precipitated a seismic shift in attitudes has been particularly influential. This concept took its most established form in *The Protestant Ethic and the Spirit of Capitalism,* published in 1905 by German sociologist Max Weber. Here, Weber argued that the Reformation engendered a rationalised outlook more conducive to capitalist enterprise, a process which he termed the 'disenchantment of the world'. This involved Protestants rejecting a number of 'superstitious' Catholic assumptions, such as the thaumaturgic power of saints, salvation through good works, and the notion that material objects like sacramentals worked as conduits of grace. Thus, reformers supposedly promoted an intellectualised religion that removed supernatural forces from the realm of everyday life.[23] Natural philosophical ideas have also been considered, particularly the rise of Baconian empiricism, Cartesian mechanism, and Hobbesian materialism. Conventionally grouped under the headings the 'Scientific Revolution' and the 'Enlightenment', these developments were traditionally deemed to have explained away 'superstitious' beliefs in the workings of God and the wider spiritual realm.[24]

Clearly, research on the enduring significance of providence; prayer and fasting during epidemics; possession and exorcism; and the occult arts, has seriously complicated and challenged assumptions about the progressive 'disenchantment' of early modern attitudes. It has highlighted the resilience and persistence of beliefs in numinous forces throughout the period, and not merely amongst the unlettered and unlearned.[25] Indeed, historians have shown that leading lights of the 'Scientific Revolution', such as Robert Boyle and Isaac Newton, were not only deeply religious individuals, but also sought to provide scientific justification for beliefs in divine and demonic spirits.[26]

Looking beyond such pursuits, which evidently engaged with the spiritual realm, this thesis considers affairs of a rather more mundane nature. Illnesses examined include

---

[22] See, for example, Thomas, *Religion and the Decline of Magic*, esp. chapters 7-12; Robert Scribner, "The Reformation, Popular Magic and the 'Disenchantment of the World'" *JoIH* 23 (1993): 475-94; Kassell, *Medicine and Magic*; idem, "The Economy of Magic in Early Modern England," in *The Practice of Reform in Health, Medicine and Science, 1500-2000*, ed. Margaret Pelling (Aldershot: Ashgate, 2005), 43-58.
[23] Max Weber, *The Protestant Ethic and the Spirit of Capitalism,* trans. Talcott Parsons (New York, 1958), 117.
[24] See, for example, Keith Thomas, *Religion and the Decline of Magic,* esp. 461-767; idem, *Man and the Natural World: Changing Attitudes in England 1500-1800* (London: Penguin, 1983). Also see Stanley Jeyaraja Tambiah, *Magic, Science, Religion and the Scope of Rationality* (Cambridge: Cambridge University Press, 1990), esp. chapters 1 and 2.
[25] See footnotes 14-23.
[26] See, for example, Michael Hunter, *John Aubrey and the Realm of Learning* (London: Duckworth, 1975); idem, ed., *Robert Boyle Reconsidered* (Cambridge: Cambridge University Press, 1994); Peter Elmer, "Science, Medicine and Witchcraft," in *Palgrave Advances in Witchcraft Historiography*, ed. Jonathan Barry and Owen Davies (Basingstoke: Palgrave Macmillan, 2007), 33-51.

headaches, stomach upsets, rashes, eye disorders, gout, agues, fevers, smallpox and broken bones. In terms of healers, while a range of lay attendants and priest-practitioners are considered, I also pay specific attention to physicians and surgeons. Historians tend to assume that physicians and surgeons operated in a markedly secular manner.[27] For example, John Henry has stated of seventeenth-century physicians: 'whatever a doctor's innermost religious convictions might be, his role was to treat all sickness as a purely natural phenomenon.' Thus, 'at a time when many believed that sickness was visited upon mankind by God, the physician was seen everywhere ignoring such religious considerations and treating sickness in an entirely naturalistic way.'[28] Michael MacDonald has argued that early modern physicians 'scrupled' at combining medical and religious treatments, and progressively explained afflictions in secular terms.[29] David Gentilcore has suggested that physic and surgery constituted 'more secular forms of healing'.[30] A number of scholars have asserted that early modern surgeons were 'necessarily inhumane' and 'culturally detached', thus marking a milestone on the road to modern clinical detachment.[31] Andrew Wear has stated that 'at the bedside there was usually no mention of a religious ceremony associated with medical treatment'.[32] Keir Waddington has also asserted that during the Enlightenment contemporaries progressively moved away from religious ways of thinking about sickness, thus, 'by the 1720s the role attributed to providentialism was waning in medical debate and doctors were coming to dismiss clergymen who voiced medical opinions as no better than quacks.'[33] This study will call these assumptions into question.

My research also departs from the majority of existing work about 'religion and medicine' in the early modern period, which operates largely in the field of intellectual

---

[27] Such assumptions are partly rooted in the medieval saying *ubi tres medici, ibi duo athei* (where there are three doctors, there you find two atheists). This charge of irreligion was launched because doctors trained in natural philosophy often concentrated on the natural explanations of phenomena. However, as the clergyman John Ward (1629-1681) noted of the medieval adage: 'this proverb hath been an old though a false calumnie', see John Ward, *The Diary of the Rev. John Ward, A.M., Vicar of Stratford-Upon-Avon...1648-1679*, ed. Charles Severn (1839), 119. On this proverb, and the nature of early modern 'atheism', also see Andrew Cunningham, "Introduction: 'Where there are three physicians, there are two atheists'," in *Medicine and Religion in Enlightenment Europe*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 2007), 1-4; Gentilcore, *Healing*, 163; Harold Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians," *JoBS* 33 (1994): 1-31; David Wootton, "Unbelief in Early Modern Europe," *HWJ* 20 (1985): 82-100; Michael Hunter, "The Problem of 'Atheism' in Early Modern England," *TRHS* 35 (1985): 135-57.

[28] Henry, "Souls," 89.

[29] Michael MacDonald, "Religion, Social Change and Psychological Healing in England 1600-1800," in *The Church and Healing: Studies in Church History Volume 19*, ed. William Sheils (Cambridge: Crampton & Sons, 1982), 101-27; idem, *Mystical Bedlam*, esp. 198-231.

[30] Gentilcore, *Healers*, 15.

[31] Ruth Richardson, *Death, Dissection and the Destitute* (London: Routledge, 1987); Andrew Wear, *Knowledge and Practice in English Medicine 1550-1680* (Cambridge: Cambridge University Press, 2000), 210-275; Lisa Silverman, *Tortured Subjects: Pain, Truth and the Body in Early Modern France* (London: Chicago University Press, 2001); Lynda Payne, *With Words and Knives: Learning Medical Dispassion in Early Modern England* (Aldershot: Ashgate, 2007).

[32] Wear, "Religious Beliefs," 154.

[33] Waddington, *History of Medicine*, 43-7.

history. In particular scholars have examined the impact of different theological positions upon medical theories,[34] and have aimed to chart links between a person's radical religion, natural philosophy and revolutionary politics.[35] Correlating viewpoints in this manner has generated a number of schematic accounts, for example, the established assumption that advocates of new and radical theories of medicine – in particular Paracelsian and Helmontian models – would also be radicals in their religion.[36] Whilst this research has sought to highlight affinities between medical and theological ideas, in particular cosmological theories, it takes as unproblematic the categories 'religion' and 'medicine', simply presenting them as distinct 'spheres' of thought that can be correlated. Such work also overlooks the forms of social and cultural *practice* medicine encompassed, and therefore has not encouraged common cause to be made with a social and cultural history of religion. By focusing on religion as cosmology, it has given primacy to the intellect rather than to everyday experience. That is, it privileges a concern with creation over salvation, stressing one aspect of theology, the history of nature's laws, over forms of daily religious observance in the hope of life after death.[37]

Examining healing *practices* within everyday settings, and exploring the ways in which religious convictions shaped such practices, will therefore enable us to recover a level of historical detail that, to date, remains absent. Such an approach is also useful since an individual's religion was arguably not something they grappled with chiefly because it posed intellectual challenges, but rather, because it was a major facet of their existence, integrated into all aspects of their lives in a specific manner dependent on the social setting. Examining the complexities of this process will resist the current tendency to draw formulaic correlations between religious beliefs and philosophical orientations, which frame an individual's engagement with religion as some form of strategic alliance based on an

---

[34] See, for example, John Henry, "The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England," in *Medical Revolution*, ed. French and Wear, 87-113; Harley, "Spiritual Physic," 101-17; idem, "Theology of Affliction," 273-92; Andrew Wear, "Puritan Perceptions of Illness in Seventeenth-Century England," in *Patients and Practitioners: Lay Perceptions of Illness in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), 55-101; idem, "Religious Beliefs," 145-71; Ronald Numbers and Darrel Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (New York: Macmillan, 1986); Andrew Cunningham, *The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients* (Aldershot: Scolar, 1997), esp. 200-67; Ole Peter Grell, "Medicine and Religion in Sixteenth-Century Europe," in *The Healing Arts: Health, Disease and Society in Europe 1500-1800*, ed. Peter Elmer (Manchester: Manchester University Press, 2004), 84-105; Penelope Gouk, "Harmony, Health and Healing: Music's Role in Early Modern Paracelsian Thought," in *The Practice of Reform in Health, Medicine and Science, 1500-2000*, ed. Margaret Pelling (Aldershot: Ashgate, 2005), 23-42.

[35] See, for example, French and Wear, eds. *Medical Revolution;* Grell and Cunningham, eds. *Religio Medici*; Charles Webster, *The Great Instauration: Science, Medicine and Reform 1626-1660, Second Edition* (Bern: Peter Lang AG, 2002).

[36] Webster, *Great Instauration*; French and Wear, eds. *Medical Revolution*; Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales 1600-1750* (Manchester: Manchester University Press, 2011), 40-50.

[37] On this issue see Ludmilla Jordanova, "Richard Mead's Communities of Belief in Eighteenth-Century London," in *Christianity and Community in the West*, ed. Simon Ditchfield (Aldershot: Ashgate, 2001), 241-59, 241-5.

intellectual relationship with nature. Furthermore, in the light of recent research which demonstrates that shifts in a person's theoretical standpoint did not necessarily engender shifts in their medical behaviour, further research into contemporary outlooks, and the specific ways in which such outlooks were expressed *in practice*, is needed.[38] Accordingly, rather than conceptualise 'religion' and 'medicine' as related yet distinct intellectual domains, I suggest that we approach them as intimately blended and highly complex belief systems which found expression in the practices of everyday life.

When exploring these themes, it is necessary to ask questions about the precise historical circumstances within which domains such as 'religion' and 'medicine' exist and interact. Although much has been written that is in fact about 'religion' and 'medicine', conceptualising their interrelationship has not been seen as especially challenging. But my inverted commas are meant to signal the problem of defining such domains in the first place, because once the fences go up, the problem of imagining interaction immediately poses itself.[39] The very phrase 'religion *and* medicine' is therefore problematic, since the two subjects are presented as distinct spheres of experience and conduct. This is particularly misleading because, during the period under discussion, religious beliefs and practices did not simply coexist alongside medicine, or provide alternatives to medicine, but rather, operated at its very heart. This requires us to think more carefully about the language we use to talk about things that were related in such extraordinarily subtle ways in the past. Recourse to languages of 'overlap', 'ambiguity' or 'interaction' between two 'domains' simply will not do. Adopting phrases like 'religion *in*, or *as*, medicine', and vice versa, would provide more useful frames of reference.[40] Employing the more expansive term 'healing' is equally helpful, since it constitutes something central to medical practice, as well as something deeply rooted in religious tradition. Paying closer attention to actors' categories is also vital. This is especially pertinent since the phrase 'religion *and* medicine' does not appear to have been in use during the early modern period. Instead, contemporaries

---

[38] Steven Shapin, "Descartes the Doctor: Rationalism and its Therapies," *BJHS,* 33 (2000): 131-54. For a related discussion on embodied knowledge see Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle and the Experimental Life* (New Jersey: Princeton University Press, 1985); Steven Shapin, ed., *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago and London: The University of Chicago Press, 1998). Also see Pamela Smith, *The Body of the Artisan: Art and Experience in the Scientific Revolution* (Chicago: UCP, 2004), which focuses on practices of "bodily knowing", and stresses that "knowledge is active and knowing is doing," 6, 149. On the importance of testing theoretical positions against cases as complex as time and energy permit see Michael Baxandall, *Patterns of Intention: On the Historical Explanation of Pictures* (New Haven: Yale University Press, 1985). On the importance of examining how individuals experienced, expressed and negotiated their faith in daily life see Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford: Oxford University Press, 2013), which usefully reminds us 'Christians are more than creedal statements on legs,' 2.

[39] For a related discussion on 'science and art' see Ludmilla Jordanova, "And?" *BJHS* 35 (2002): 341-5.

[40] For a related discussion on the dualism that seems to order our thinking see Peregrine Horden, "Religion as Medicine: Music in Medieval Hospitals," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: Boydell Press, 2001), 135-54. Here, Horden challenges the misconception that sacramental medicine ministered only to the soul, and that secular medicine ministered only to the body.

referred to acts of 'double care', or 'piety *in* physic' when describing the work of practitioners.

Bringing 'religion' and 'medicine' closer together also implies bringing the bodies of scholarship these subjects have generated closer together. The history of religion and the history of medicine operate as two distinctive sub-fields in the discipline, each with their own particular narratives and intellectual agendas. To bridge this divide we first need an understanding of the specific histories of both sub-fields, and of the forms of history and interpretation each involves. There has been a tendency to separate out types of knowledge, institutions and practices, and perhaps this is particularly relevant in our case, since the history of medicine has been confronted with longstanding anxieties about the quality of scientific and medical knowledge and the potential threat that religion poses.[41] A pertinent example is offered by a volume on the topic, edited by John Hinnells and Roy Porter, titled *Religion, Health and Suffering*. Its introduction focuses on the manner in which Western established churches, both Catholic and Evangelical, have objected to, and obstructed, medical procedures and advances. One case it offers is Christian objections to the medical alleviation of pain in childbirth during the nineteenth century.[42] This tendency to think in an oppositional mode, and therefore focus on distinctions and tensions, makes it all the more necessary to historicize categories like 'religion' and 'medicine', and to think more carefully about what kinds of *shared* practice they encompassed in the past.

Examining shared practices will not only extend our knowledge, but it will also provide a vehicle for questioning the implicit theoretical models that underpin a number of existing narratives. Some particularly well established models concern the assumption that religion and medicine can be categorised as two distinct spheres of activity; and that medical responses to illness gradually replaced those of religion over the course of the period. Regarding the former, Andrew Wear has argued that despite early modern medical practitioners being religious individuals, they rarely reciprocated the interest that religious writers showed in their subject.[43] He duly conceptualises the relationship between religion and medicine as a 'modus Vivendi', whereby the latter was 'allowed to have its own relatively undisturbed space' in which 'the seeds of secularism were present.' Furthermore, he contends that religious doctrines only became relevant to medical practitioners when they could provide a rhetorical resource in their struggles against competitors. For example, he suggests that Calvin's 'intellectual preferences', especially those concerning the cessation of

---

[41] On this issue see Jordanova, "Richard Mead," 241-2.
[42] 'Because of the passage in Genesis 3:16 where God punishes Eve for eating of the fruit of the tree of knowledge and says 'I will greatly multiply your pain in child-bearing, in pain shall you bring forth children,' see Roy Porter and John Hinnells, eds., *Religion, Health and Suffering* (London: Kegan Paul International, 1999), xi-xviii.
[43] Wear, *Knowledge*, 33.

miracles, proved useful 'in bolstering the claims of the learned physicians' against 'not only healers who claimed divinely given powers, but also clergymen who practised medicine.'[44] Roy Porter has argued that 'Pre-modern physicians had believed their job was to make a prognosis', and when death approached, 'the physician would then withdraw, leaving the dying person to make peace with God and his family.'[45] Likewise, Lucinda Beier has claimed that illness, not death, was the healer's province and that healers withdrew from the sickbed when death seemed inevitable, leaving the management of the dying to ministers.[46]

Whilst some scholars have noted that 'interactions' between these two 'domains' could take place, a model of distinct categories is persistently adopted. For example, 'interactions' are presented as merely circumstantial, as Roy Porter has contended, 'priest and doctor [were] often needed at the same time.'[47] In other cases, whilst research highlights how religious beliefs shaped contemporary perceptions of illness, spiritual and physical treatments are presented as distinct choices. For example, Mary Lindemann has recently asserted that 'few relied on *either* secular *or* spiritual healing exclusively.' She further contends that from the mid-to-late seventeenth century attempts to separate religion and medicine ensued, whereby 'the gradual trend was to define two spheres of activity and to hold them apart from each other.'[48] Functionalist accounts employ a similar model. Alun Withey, for instance, has argued that by attributing disease to the will of God 'people could shield themselves from the harsh realities of daily life since this provided a means of explaining the otherwise unfathomable.' As such, he contends that 'prayer was cheap physic', especially 'for those unable to afford the services of a regular doctor.'[49]

The misleading assumption that religion was steadily supplanted by medicine also dominates historical accounts. Charles Webster has argued that Paracelsus' 'attack on the healing power of saints' worked to 'gain territory for science and medicine' during the seventeenth century, thus contributing to the 'modernization, secularization and rationalization of the worldview.'[50] Andrew Wear has claimed that whilst at the start of our period birth and death lay in religious hands, 'as we come to the end of the seventeenth century the medicalization of birth increased and later it did for death as well.'[51] Ralph Houlbrooke has argued that over the course of the period the religious significance of the

---

[44] Wear, "Religious Beliefs," 154; also see Wear, *Knowledge*, 30-2.
[45] Porter, "The Hour," 87.
[46] Lucinda Beier, "The Good Death in Seventeenth-Century England," in *Death, Ritual and Bereavement*, ed. Ralph Houlbrooke (London: Routledge, 1989), 43-61. Also see footnotes 28-33.
[47] Hinnells and Porter, eds. *Religion*, xi.
[48] Lindemann, *Medicine*, 17 [italics my emphasis], 254-5.
[49] Withey, *Physick*, 43-4.
[50] Webster, "Paracelsus," 403-21.
[51] Andrew Wear, "Making Sense of Health and the Environment in Early Modern England," in *Medicine in Society: Historical Essays*, ed. idem (Cambridge: Cambridge University Press, 1992), 119-49, 122.

deathbed waned as the 'medical management of the deathbed' ensued.[52] Roy Porter has suggested that death became 'medicalized' in the early modern period through changes in bedside management, with doctor-assisted care gradually replacing that of the spiritual instructor.[53] Similarly, Ian Mortimer's recent work on death in seventeenth-century England has sought to track the process by which the dying spent increasing sums of money on medical practitioners. He then infers that the bedside was 'medicalized', a process he defines as a turn away from divine responses to illness and toward 'professional' medical interventions.[54]

The forms of periodisation these histories employ need to be held up for critical inspection. All of them focus on the early modern period, many with an emphasis on the seventeenth century. This is the period often taken to mark the onset of a number of modernising processes, such as urbanization, professionalization, and secularization.[55] The related process of medicalization, a term employed by historians of health from the 1970s onwards, has also been identified. For some, medicalization was merely used to describe the statistical relationship between population and the number of trained medical personnel. Gradually, however, the term has been used to denote the growing power of medicine and doctors over society.[56] This process – whereby domains of life that were not previously so came under the aegis of medical practitioners and/or medical theories – has also been associated with the conversion of individuals to new norms and forms of behaviour regarding the body and health. In particular, scholars have contended that this involved a decline in religious interpretations of, and responses to, illness.[57]

The tendency to equate the early modern period with modernising processes has received marked criticism in recent years. As previously mentioned, historians have demonstrated that contemporary beliefs in sacred and supernatural forces persisted in earnest

---

[52] Ralph Houlbrooke, *Death, Religion and the Family in England 1450-1750* (Oxford: Clarendon Press, 1998), 201-22.
[53] Porter, "The Hour," 83-90.
[54] Mortimer, *The Dying.* On the process of 'medicalization' in the early modern period also see Roy Porter and Andrew Wear, eds., *Problems and Methods in the History of Medicine* (London: Croom Helm, 1987); Michael MacDonald, "The Medicalization of Suicide in England: Laymen, Physicians and Cultural Change, 1500-1870," *Milbank Quarterly* 67 (1989): 69-91; Wear, *Medicine in Society*; Valerie Fields, ed., *Women as Mothers in Pre-Industrial England* (London: Routledge, 1990); Edwin R. van Teijlingen et al., eds., *Midwifery and the Medicalization of Childbirth: Comparative Perspectives* (New York: Nova Science Publishers, 2000).
[55] See, for example, Patrick O'Brien, ed., *Urban Achievements in Early Modern Europe* (Cambridge: Cambridge University Press, 2001); Geoffrey Holmes *Augustan England: Professions, State and Society, 1680-1730* (London, Allen and Unwin, 1982); C.J. Somerville, *The Secularization of Early Modern England: From Religious Culture to Religious Faith* (Oxford: Oxford University Press, 1992); Alan Houston and Steve Pincus, eds., *A Nation Transformed: England After Restoration* (Cambridge: Cambridge University Press, 2001).
[56] As discussed in Mary Lindemann, "Reviews," *SHM* 8 (1995): 508-10.
[57] See footnotes 3, 33, 43-54, 60-1. Also see Robert A. Nye, "The Evolution of the Concept of Medicalization in the Late Twentieth Century," *JHBS* 39 (2003): 115-29; Michel Foucault, *The Birth of the Clinic*, trans. A.M. Smith (London: Tavistock Publications, 1973); Ivan Illich, *Medical Nemesis* (London: Calder and Boyars, 1975); Peter Conrad, *The Medicalization of Society: On the Treating of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007); Peter Conrad and Joseph Schneider, eds., *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992).

throughout the period, thus challenging the assumption that outlooks became progressively secularized.[58] Scholars have also highlighted the dangers of reading back into early modern medicine the professional status and values of the present day. Instead, they suggest that the term 'medical occupations' is preferable due to the size, structure, lack of precise divisions, and inapplicability of full-time vocational ideals later embraced by professions.[59] Despite such challenges, medicalization narratives remain largely intact. In fact, scholars have sought to push the start of this process back ever further in time. Colin Jones, for instance, has challenged accounts that situate the 'medicalization of the hospital' at the very end of the eighteenth century, coincident with the 'birth of the clinic'. Instead, he suggests we frame medicalization 'in the longue duree', since later changes were 'only the intensification of a process which had been going on for centuries.' As such, he claims that the role of nursing sisters in the hospitals of ancien régime France contributed 'in no small measure…to their medicalization.'[60] Likewise, Ian Mortimer has located the process firmly within the seventeenth century. Having charted an increase in the proportion of dying people receiving medical help, he asserts that after 1690 'the religious framework to medical cure had ceased to dominate attitudes to treatment in the face of death.' As such, people 'turned from praying for spiritual physic to paying for medicines', which constituted 'one of the most profound revolutions that society has ever experienced.'[61]

My research demonstrates that this process of medicalization, as it pertains to the ousting of religious concerns, did not occur. Alongside an upturn in the demand for medical services, religious beliefs and practices *continued* to shape, and *form an integral part of*, responses to sickness, both for patients and for practitioners. They did so because maintaining one's health and tending to the sick body were perceived as religious duties. At the same time, the prognosis of an illness – from onset and treatment to recovery or death – was conceptualised within a providential framework. These belief systems underpinned a number of practices that we might term forms of 'religion *in* medicine', for example, the common exercise of praying upon taking physic. Such intricately conjoined practices disrupt historical accounts that employ 'religion' and 'medicine' as clearly distinct categories of experience and conduct. They also disrupt the assumption that overt tensions existed between these categories in the early modern period. Indeed, it seems to me that such polarities would have been inexplicable to contemporary mindsets, since the belief systems

---

[58] See footnotes 14-23.
[59] Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640* (Oxford: Clarendon Press, 2003), 12-13; Idem, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London and New York: Longman, 1998), 1-3; Mark Jenner and Patrick Wallis, eds., *Medicine and the Market in England and its Colonies 1450-1850* (Basingstoke: Palgrave Macmillan, 2007), 1-24.
[60] Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (London: Routledge, 1989), 1-16.
[61] Mortimer, *The Dying*, 2, 114, 211.

and practices we now separate out into things called 'religion' and 'medicine' were not concretely divided in the past. This requires us to think more carefully about the forms of reification historians employ, to draw up these forms for critical inspection, and to explore how historians can practice without them. Such an approach will enable us to generate far more accurate and sensitive accounts of the past. It will enable us to explicate the subtle, multilayered procedures enacted when individuals were faced with illness, and attend to the complex belief systems underpinning such acts.[62]

Context, Parameters, Framework

Historians continue to demand that we expand our definition of 'medical' practice as widely as possible, and this thesis employs the term in its broadest form. Traditionally scholars have concentrated on the practices of 'medical pioneers', charting a narrative of progress in which scientific discoveries steadily eclipsed the misconceptions of past eras.[63] Over the last thirty years approaches have shifted dramatically, driven by a number of factors including widespread disenchantment with twentieth-century healthcare and the influence of poststructuralist ideas.[64] Looking beyond practices that appear to be 'progressive' in a modern sense, historians have turned their attention away from 'medical pioneers' towards 'ordinary' patients and practitioners.[65] Furthermore, rather than projecting back narrow definitions based on our own standards of what constitutes 'medical' practice, current research aims to examine therapies *within their own context.* This involves paying close attention to contemporary ideas about disease causation and appropriate treatment.

The primary cause of all illness was considered to be divine: a providential judgment sent from God to punish sin. To bring an illness to fruition the Lord worked through secondary causes. For example, according to Galenic principles He worked through subsidiary natural means, actuating humoral imbalance, corruption or blockage, which in

---

[62] It might be suggested that prioritising belief systems risks overshadowing other important categories, most notably gender. However, since historians have established that there were a number of similarities in diagnosing, treating and dosing male and female patients, and that emotional responses to sickness were rooted in *shared* ideas about the providential origins of sickness, my research extends across the gender divide, and does not go in search of gendered patterns of experience. On the significance of gender see Wendy D. Churchill, "The Medical Practice of the Sexed Body: Women, Men, and Disease in Britain, circa 1600-1740," *SHM* 18 (2005): 5; Newton, *Sick Child*. There is vast literature that concentrates on gender as an organising principle of early modern medicine. See, for example, Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (London: Harvard University Press, 1990); Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany* (London: Harvard University Press, 1991); Karen Harvey, "The Substance of Sexual Difference: Change and Persistence in Representations of the Body in Eighteenth-Century England," *GH* 14 (2002): 202-23; Michael Stolberg, "A Woman Down to her Bones: The Anatomy of Sexual Difference in the Seventeenth and Early Seventeenth Centuries," *Isis* 94 (2003): 274-99.

[63] As embodied in Lester King, *The Road to Medical Enlightenment 1650-1695* (London: MacDonald, 1970).

[64] Lindemann, *Medicine*, 1-7.

[65] See, for example, Roy Porter, "The Patient's View: Doing Medical History from Below," *TS* 14 (1985): 175-98; Idem, ed. *Patients*; David Harley, "Anglo-American Perspectives on Early Modern Medicine: Society, Religion and Science," *PoS* 4 (1996): 348.

turn brought about sickness.[66] This combination of divine and natural causation was accepted across the confessional and social spectrum, prompting the sick to engage in prayer and repentance in the hope of eliciting the Lord's mercy and effecting a recovery. In a Protestant context this presented some theological problems, as according to the Calvinist doctrine of predestination God had already determined the outcome of illness. How far Christians could influence their condition through prayer was therefore questionable. Nevertheless, historians have shown that in practice patients continued to appeal to the Almighty, which suggests that at moments of emotional crisis thorny doctrinal issues could be easily overlooked.[67] Moreover, scholars have demonstrated that Protestant writers worked to reconcile petitionary prayer with divine omnipotence. As Richard Day's *Book of Christian Prayers* (1578) noted, 'thinke it not superfluous to pray, because God already knoweth what we neede', and 'because thou doest hourely want that grace, which [God] will assuredly geve.' Conscientious petitionary prayer therefore involved humbling oneself before God, admitting your dependence, and bowing your will. It could also comfort and exalt, as Thomas Knell noted in his *Godlie and Necessarie Treatise* (1581), we pray 'that thereby our heart and desire may be inflamed ferventlie to seeke him, to love and to worship him.'[68]

Recent research has therefore challenged the assumption that the doctrines of providence and predestination necessarily evoked feelings of anxiety and despair.[69] For example, scholars have demonstrated that the doctrine providence could be a source of comfort and hope for those on their sickbed or deathbed. With the knowledge that God's intentions were always benevolent, and intended for the sufferer's spiritual benefit, sickness was perceived as good for the soul. It could awaken Christians, making them aware of their sins and turning their attention away from earthly pleasures towards heaven and God. Acts of prayer, repentance and patience could also work to elicit Divine mercy and affect a sufferer's salvation. For Protestant sufferers, while the doctrine of predestination held that no matter how piously a person lived their eternal fate was already determined, in practice people still hoped to influence their soteriological chances, especially through the sanctification of illness.[70] As we have seen, a number of historians still contend that the providential interpretation of illness was beginning to fade by the later seventeenth century, a notion which this thesis seeks to challenge.

---

[66] Harley, "Theology," 273-92; Gentilcore, *Healers*, 6-20; Newton, *Sick Child*, 47-8. Also see Ulinka Rublack, "Fluxes: The Early Modern Body and the Emotions," *HWJ* 53 (2002): 1-16.
[67] See, for example, Walsham, *Providence*, 142-53; Beier, "The Good Death", 43-61.
[68] Ryrie, *Being Protestant*, 119-21.
[69] Work that presents pessimistic views of the emotional impact of providentialism includes Weber, *Protestant Ethic*, 90-139; David Stannard, *The Puritan Way of Death: a Study in Religion, Culture and Social Change* (Oxford: Oxford University Press, 1977); John Stachniewski, *The Persecutory Imagination: English Puritanism and the Literature of Religious Despair* (Oxford: Clarendon, 1991).
[70] Harley, "Spiritual Physic," 101-17; Idem, "Theology," 273-92; Walsham, *Providence*, 142-53; Newton, *Sick Child*, 95-6, 167-8. Also see Ryrie, *Being Protestant*, esp. 27-32, 65-7, 119-23.

Moving from the providential origins of sickness to its secondary causes, models of interpretation were usually Galenic. Concerned with the effects of humoral imbalance, methods of recovering health in the Galenic system included excretory procedures such as purges, vomits and blood-letting. Knowledge about these treatments was shared across the social spectrum, and remedies were often elaborated upon in popular self-help manuals. The practice of self-treatment and the production of household medicines were also widespread.[71] Furthermore, since the Galenic tradition assumed that the environment, including diet and way of life, was an integral part of regimen, activities such as washing, and the provision of food, drink and shelter, were also perceived as medicinal.[72] Accordingly historians no longer deny the title 'medical' to such practices.

Of course, a number of challenges to Galenism were launched during the period. One of the first and most forthright attacks came from Paracelsus (1493-1541). The Swiss reformer challenged university-educated physicians schooled in Galenic theory, asserting that experience was to be valued above bookish learning. He also proposed a new system of natural philosophy. Like Galenists, who conceived of man as a microcosm of the larger universe or macrocosm, Paracelsus outlined an interlocked cosmology in which microcosm and macrocosm were analogous. However, his model was associated with older alchemical traditions and based on chemical principles. Instead of earth, air, fire and water, he held that all things were made from salt, sulphur and mercury. He also maintained that the world was alive with spiritual forces which controlled internal bodily processes. According to this system the secondary cause of disease was not humoral imbalance, but rather, damage to the spirit when a malevolent influence from the stars or planets penetrated the body. Furthermore, in contrast to Galenic teachings that defined remedies according to a principle of opposites, Paracelsus accepted the alchemical doctrine of signatures – that like cured like – and advocated chemical remedies including mercury and antimony.[73]

During the later sixteenth century Paracelsianism spread rapidly, and eventually, a number of chemical remedies were incorporated into humoral medicine. For example, chemical remedies were included in the first official London *Pharmacopeia* of 1618 published by the Royal College of Physicians, placed at the end as 'auxiliaries' to rational, Galenic medicine.[74] Examining such processes, historians have highlighted the endurance of

---

[71] See Lindemann, *Medicine*, 11-49, 121-56; Elaine Leong, "Making Medicines in the Early Modern Household," *BoHM* 82 (2008): 145-68.
[72] Colin Jones and Jonathan Barry, eds., *Medicine and Charity Before the Welfare State* (London: Routledge, 1991), 8-9; Lindemann, *Medicine*, 13-14; Jenner and Wallis, eds. *Medicine*, 14-15.
[73] See, for example, Webster, *Great Instauration*, esp. 248-330; Allen G. Debus, ed., *Medicine in Seventeenth-Century England* (Berkeley: University of California Press, 1974), esp. 33-48; Lindemann, *Medicine*, 15-16, 86-7, 100-2; Kassell, *Medicine and Magic*, 6-9, 105-9, 175-89.
[74] Wear, *Knowledge*, 354. It should be noted that the College appropriated 'rationality' in its dealings with Fellows and irregular healers alike, see Pelling, *Medical Conflicts*, 6, 279. 'Rationalism' in the Galenic sense constituted relating effects to cause, paying attention to the patient's constitution, and tailoring the remedy to the

Galenism into the eighteenth century, underpinned by this assimilation of chemical ideas into orthodox medical theory and practice.[75] Still, debates between Galenic and chemical practitioners persisted throughout the period, precipitated further by the rise of iatrochemistry in the seventeenth century. Advocated most notably by the natural philosopher Joan Baptista van Helmont (1577-1644), iatrochemists argued that the chemical reactions of effervescence, fermentation and putrefaction were the basis of all physiology, and that chemical analysis would engender a deeper understanding of God and nature. Nonetheless, Galenists accommodated themselves to this challenge too, partly by incorporating some iatrochemical ideas and practices.[76]

Research into contemporary perceptions of disease causation, and associated treatments, has worked to highlight the complexity and plurality of early modern medicine. In this context, there were divergent attitudes respecting rational Galenic therapy and occultist or magically orientated medical beliefs.[77] Having recognised the coexistence of various forms of medical practice, historians now avoid restricting their examination of healing to a tightly defined medical profession, since a wide range of occupations offered assistance – from physicians, surgeons, apothecaries and midwives, to nurses, bone-setters, watchers, keepers, clergymen, astrologers, and cunning-folk.[78] It has consequently been established that there was a high level of medical assistance available. In London and the provinces medical practice was dominated by general practitioners, some licensed, most unlicensed, some urban practitioners within guilds, and many more rural practitioners who had no formal organisation.[79] The scale of payment ranged widely, from pennies and payment in kind, to high fees. There is also evidence to suggest that high fees failed to deter many patients, and parish officials made arrangements whereby some access to qualified

---

patient's constitution. Attending to individual constitution was paramount as Galenists held that an imbalance of humours within the body caused diseases that were unique to each patient. In direct contrast, Paracelsus denied the effect of the humours and taught that diseases were specific, originating from 'star poisons…concealed beneath the goodness in everything' or from minerals (particularly salts) hidden in the earth. On these divergent attitudes see Wear, "Medical Practice in Late Seventeenth- and Early Eighteenth-Century England: Continuity and Union," in *Medical Revolution*, ed. French and Wear, 294-320; Lindemann, *Medicine*, 100-9.

[75] Debus, ed. *Medicine*, 33-48; Lindemann, *Medicine*, 100-2. Some contemporaries also noted the compatibility between Galenic and chemical medicine, such as George Castle, *The Chymical Galenist: a treatise wherein the practise of the ancients is reconcil'd to the new discoveries in the theory of physick* (1667).

[76] Wear, *Knowledge*, 353-434; Lindemann, *Medicine*, 15, 86-7, 100-3.

[77] Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 165-237, 166.

[78] Ibid; Jenner and Wallis, eds. *Medicine*, 1-24.

[79] There were several overlapping systems of licensing: a system of episcopal licensing for midwives, surgeons and physicians established in 1511, which endowed bishops with the right to grant medical licences within their dioceses. In London, the Royal College of Physicians claimed sole jurisdiction of practitioners of physic within a seven-mile radius. Those who practised without a licence from the College faced potential fines and imprisonment. Nevertheless, many still practised without a licence. See John Guy, "The Episcopal Licensing of Physicians, Surgeons and Midwives," *BoHM* 56 (1982): 528-42; David Harley, "'Bred up in the study of that faculty': Licensed Physicians in North-West England, 1660-1760," *MH* 38 (1994): 398-420; Ian Mortimer, "Diocesan Licensing and Medical Practitioners in South-West England, 1660-1780," *MH* 48 (2004): 49-68; Pelling, *Medical Conflicts*.

practitioners was given to patients in receipt of poor relief.[80] Pelling and Webster have estimated that in 1600 there was roughly one medical practitioner for every 200 members of the population. This figure refers to medical services within London, Norwich and East Anglia, and is based on practitioners who belonged to a Society or Company.[81] Such provision was therefore reinforced by the practices of midwives, nurses, and laymen exercising their skills in the art of physic, resulting in a 'high intensity of medical care'.[82] This resulted in a diversity of medical practices, requiring our definition of the term to be expanded.

As the boundaries around the term have become increasingly permeable, the interconnections between medical practices and other historical phenomena have come to the fore. In particular, scholars have become more attuned to the relationships between medicine and its external contextual factors, a concern exemplified by the advent of the social history of medicine in the 1970s. The phrase 'social history' signals the central point, that the context in which anything 'medical' takes place must be fully conceptualised and explored empirically. Examples of this approach can be found in much recent work on the role of medicine *within* society, or its *social embeddedness,* which considers the significance and dynamics of medical practice within, and between, various social groups.[83] Such research has shed fresh light on the nature of medical behaviours and activities, for example, calling attention to the complex relationships between licensed and unlicensed practitioners in the 'medical marketplace' of the sixteenth and seventeenth centuries.[84]

Literature on the 'medical marketplace' has been developing since Harold Cook first coined the phrase to describe the relative lack of regulation of medicine in early modern England.[85] Mark Jenner and Patrick Wallis have recently defined this 'marketplace' as a diverse, plural, commercial and pre-professional system of health-care; where boundaries between physicians, surgeons and apothecaries were blurred; and where services were advertised and sold to those sufferers who cared to shop. They have also called for further research to be conducted on the dynamics of this market for medicine, and its economic, cultural and political contexts.[86] Despite such shifts in approach, assumptions concerning the

---

[80] Webster and Pelling, "Practitioners," 165-237; Irvine Loudon, "The Nature of Provincial Medical Practice in Eighteenth-Century England," *MH* 29 (1985): 1-32; Pelling, *Common Lot*, 230-46.
[81] I.e. those affiliated with either the Society of Apothecaries, the Barber Surgeons Company, or the College of Physicians.
[82] Webster and Pelling, "Practitioners," 235.
[83] See, among others, Porter, ed. *Patients*; Lindemann, *Medicine*; Jenner and Wallis, eds. *Medicine*; Barry and Jones, eds. *Medicine and Charity*; Pelling, *Common Lot*; Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000); Leigh Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (Basingstoke: Palgrave Macmillan, 2011); Newton, *Sick Child*.
[84] See, for example, Pelling, *Medical Conflicts*; Kassell, *Medicine and Magic*.
[85] Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (New York: Cornell University Press, 1986).
[86] Jenner and Wallis, eds. *Medicine*, 1-2.

rising dominance of medical theories and practices, and the manner in which they supplanted religious responses to illness, persist. Perhaps this is partly due, as David Gentilcore has argued, to the fact that the 'marketplace' model unhelpfully obscures religious explanations of, and remedies for, disease.[87] Focusing on religious explanations and remedies is a good starting point, but in order to tackle assumptions about separate domains of activity, we need to examine the ways in which religious beliefs and practices shaped, and frequently formed a constituent part of, medical responses to illness.

Exploring the religious aspects of medical practice necessitates a consideration of people's confessional identities. The seventeenth century witnessed the development of a multi-confessional society; in fact the rise of religious pluralism has been hailed as the most powerful legacy left by the English Reformation itself.[88] The Acts of Uniformity issued by Tudor and Stuart governments were mainly preoccupied with securing outward conformity to the Church of England.[89] Whilst we cannot ignore those ministers who took seriously their responsibility to persuade dissidents to embrace Protestantism, nor the oaths and declarations which successive governments imposed upon their subjects, the official concentration upon outer conduct clearly made room for the growth of religious pluralism.[90] Indeed, the confessional landscape grew ever more complex over the course of the period. Conformist or 'prayer book' Protestants, puritans, Presbyterians, church papists and recusants coexisted, although the dividing lines between these groups were often fluid.[91] Following the civil war and interregnum religious heterodoxy burgeoned at a rate hitherto unknown, witnessing the emergence of Independents (Congregationalists), the two major groups of Baptists, and the Quakers.[92]

Responses to nonconformity were extensive. In 1581 fines against recusants (Catholics who refused to attend Church of England services) were put in place.[93] £20 per

---

[87] Gentilcore, *Healers*, 2-3.
[88] Alexandra Walsham, *Charitable Hatred: Tolerance and Intolerance in England 1500-1700* (Manchester: Manchester University Press, 2006), 247; also see Marshall, "(Re)-defining," 564-86; Nadine Lewycky and Adam Morton, eds., *Getting Along? Religious Identities and Confessional Relations in Early Modern England* (Farnham: Ashgate, 2012).
[89] Outward conformity centred on the enforcement of compulsory church attendance. In addition, refusal to receive the Protestant Eucharist, previously an offence under ecclesiastical law, was redefined as a criminal act in 1606.
[90] Walsham, *Charitable Hatred*; Michael Questier, *Conversion, Politics and Religion in England, 1580-1625* (Cambridge: Cambridge University Press, 1996).
[91] On the fluid nature of religious identity formation see Peter Lake and Michael Questier, eds., *Conformity and Orthodoxy in the English Church, c.1560-1660* (Woodbridge: Boydell Press, 2000); Marshall, "(Re)defining," 564-84; Lewycky and Morton, eds. *Getting Along*.
[92] B.R. White, "The Twilight of Puritanism in the Years before and after 1688," in *Persecution*, ed. Grell, Israel and Tyacke, 307.
[93] This followed the arrival of Catholic missionaries from the continent. Cardinal William Allen set up a college for the training of English Catholic priests at Douai, 1568, which sent 240 of its missionary students back to England by the 1570s. In 1580 the Jesuits joined the English mission taking the number of foreign-trained Catholic priests up to approximately 500. The steady flow of Catholic missionaries into England was further bolstered when the English Jesuit, Robert Persons, founded two more training colleges in Valladolid, 1589, and Seville, 1592.

month was demanded for non-attendance, and in 1593 recusants' movements were restricted to within five miles of their dwelling, whilst to convert or be converted to Rome was made a treasonable offence.[94] Restrictions were extended in 1603, 1606 and 1610, imposing fines of £100 for a Catholic baptism, £20 for a clandestine Catholic burial, £10 per person per month for harbouring recusants, and £2 per volume for possessors of Catholic books.[95] Additionally, by the Act of 3 James I, cap. 5 (1605), no convicted recusant could 'practice Physick, nor use or exercise the Trade or Art of Apothecary' on the forfeiture of £100 to be divided equally between the Crown and the person prosecuting the offender in court.[96] Protestant nonconformists faced similar disabilities, particularly following the Restoration. The Corporation Act 1661, the Act of Uniformity 1662, the Conventicles Act 1664, the Five Mile Act 1665, and the Test Act 1673 collectively asserted that none except members of the Established Church could hold public office, with the new precondition that office holders must receive communion in the Church of England. They also added to existing financial penalties and attempted to both monitor and restrict the movement of nonconformists between parishes.[97]

The procedures for reconciling dissidents with the Church of England could therefore be both rigorous and humiliating, although their impact rested on implementation at parish level. A willingness on the part of local officials and the communities they served to turn a blind eye to religious offences was a feature of the entire period under review.[98] The fact that a plethora of religious dissidents, both Catholic and Protestant, were able to practise medicine throughout the century, and travel significant distances to visit patients, illustrates the point. Such developments established nonconformists as a permanent feature on the English religious landscape. In terms of approximate numbers, it has been estimated that there were 60,000 recusants in England and Wales on the eve of the civil war, and historians consider this number to have remained relatively constant throughout the century. However, as John Bossy reminds us 'the total of convicted recusants was not the total [Catholic] membership.'[99] For Protestant nonconformists it has been estimated that by the early eighteenth century there were roughly 338,120 in England, out of a total population of

---

[94] Hugh Aveling, *Northern Catholics: The Catholics Recusants of the North Riding of Yorkshire 1558-1790* (London: Geoffrey Chapman, 1966), 173-9.
[95] Ibid, 212-14.
[96] W.V. Smith, "Recusant Doctors in Northumberland and Durham, 1650-1790," *NCH* 23 (1986): 15-27.
[97] Grell, Israel, and Tyacke, eds. *Persecution*.
[98] Walsham, *Charitable Hatred*, 270.
[99] John Bossy, *The English Catholic Community 1570-1850* (London: Darton, Longman and Todd, 1975), 187. In particular we must consider the presence of church papists within communities, and those Catholics who moved in and out of recusancy at certain points in the life cycle, or in response to the intensity of state repression. On this see Alexandra Walsham, *Church Papists: Catholicism, Conformity and Confessional Polemic in Early Modern England* (Rochester: Boydell Press, 1993); Peter Marshall and Geoffrey Scott, *Catholic Gentry in English Society: The Throckmortons of Coughton from Reformation to Emancipation* (Burlington: Ashgate, 2009).

approximately 5.23 million (179,350 Presbyterians; 59,940 Independents; 40,520 Particular Baptists; 18,800 General Baptists; and 39,510 Quakers).[100]

Despite the significance historians have placed on the legacy of religious pluralism, the ways in which people of different faiths interacted in the sphere of healing remain underexplored.[101] Scholars have established that conceptions of the body's physiology were largely shared across the confessional divide, as were the medicines administered to the sick.[102] Attempts have also been made to map out general differences in Catholic and Protestant responses to illness.[103] For example, we know that Catholics were encouraged to invoke the aid of saints during periods of sickness, and if able to do so, make recourse to sacramentals. If sickness became terminal, they were also advised to call upon a Catholic priest to administer the last rites, which included absolution and extreme unction, practices which Protestants explicitly rejected.[104] Whilst these general differences have been charted, we have yet to understand how they shaped medical behaviour *in practice*. For example, when faced with sickness, would a family be happy to call upon the advice, emotional support and services of people with whom they were at odds in matters of faith? Would a visiting practitioner feel comfortable witnessing religious practices around the sickbed which they deemed to be irreverent? And to what extent did healers feel bound by the Christian duty of charity to treat those who espoused 'false' belief?

Investigating the impact of personal beliefs in relation to medicine does not lend itself easily to neat generalisations. An individual's behaviour, in particular medical behaviour, was linked with a number of other factors besides their religious convictions. Responses to illness were experienced within a variety of socio-economic conditions, levels of education and literacy, the availability of practitioners, and a thousand and one other individual circumstances.[105] As Mary Lindemann has rightly noted, '[medical] decisions were never totally predictable and individuals behaved with little regard for historians' wishes to discover patterns.'[106] Adding to this complexity, religious identities were not constant, but fluid. Not only did many contemporaries change their confession through

---

[100] Michael R. Watts, *The Dissenters: From the Reformation to the French Revolution* (Oxford: Clarendon Press, 1978), 270.
[101] On the significance of this historiographical omission see Alexandra Walsham, "In Sickness and in Health: Medicine and Interconfessional Relations in Post-Reformation England," in *Religious Diversity*, ed. Dixon, Freist and Greengrass, 161-83. Joseph Ziegler, who has recently published a paper on inter-religious healing in the middle ages, also notes that 'much work still needs to be done in this respect'. See Joseph Ziegler "Bodies, Diseases, and the Preservation of Health as foci of Inter-Religious Encounters in the Middle Ages," in *Médecine et Religion: Collaborations, Compétitions, Conflits (XIIe- XXe Siecle)*, ed. Maria Pia Donata et al. (Rome: École Française de Rome, 2013), 37-57.
[102] Grell and Cunningham, eds. *Medicine*, 1-11.
[103] Wear, "Religious Beliefs," 145-71.
[104] Ibid; Ralph Houlbrooke, *Death, Religion and the Family in England 1450-1750* (Oxford: Clarendon Press, 1998), 148-9.
[105] Porter, ed. *Patients,* 3-8, 19; Lindemann, *Medicine*, 243-51.
[106] Lindemann, *Medicine*, 250.

conversion, but the confessional groups within which people could settle were highly varied in themselves.

Over the past few decades, marked attention has been paid to the unsteady and contested process through which confessional groups were formed. A number of scholars have sought to track a process of 'confessionalization', a concept introduced by German historians Reinhard and Schilling in the 1990s, which postulated a connection between confessional Christianity and state formation.[107] More recently, the concept of 'popular confessionalization' or 'bottom-up confessionalization' has gained emphasis – that sense of confessional distinctiveness on the part of individuals and communities, whereby the religions that emerged from the upheavals of the Reformation forged group cohesion and identity.[108] Scholarship exploring the nature of interconfessional relations has also come to the fore. For example, by examining social relations within parish communities – such as those enacted through hospitality, professional networks, marriages, and burials – historians have highlighted the practical arrangements whereby people at odds in matters of faith interacted peacefully.[109] At the same time, this research demonstrates that contradictory impulses could jostle together, whereby forms of cross-confessional sociability were at once an agent of good community relations and a source of anxiety about the dangers of associating with those who practised damnable forms of religion.[110]

Anxieties about religious heterodoxy flared up at specific moments, which has prompted historians to conceptualise the levels of persecution and toleration in early modern society as 'dialectically and symbiotically linked'.[111] Working from the assumption that social relations were not fundamentally harmonious, conflictive or repressive, but a mixture

---

[107] Heinz Schilling, "Confessional Europe," in *Handbook of European History 1400-1600*, ed. Thomas Brady et al. (Leiden: Brill, 1994), 641-66.
[108] See, among others, Marshall, "(Re)defining," 584; Dixon, Freist and Greengrass, eds. *Religious Diversity*; Walsham, *Charitable Hatred*, 305-19; Muriel McClendon, Joseph Ward and Michael MacDonald, eds., *Protestant Identities: Religion, Society, and Self-Fashioning in Post-Reformation England* (Stanford: Stanford University Press, 1999); Lisa McClain, *Lest We Be Damned: Practical Innovation and Lived Experience among Catholics in Protestant England 1559-1642* (London: Routledge, 2004).
[109] Gregory Hanlon, *Confession and Community in Seventeenth-Century France: Catholic and Protestant Coexistence in Aquitaine* (Philadelphia: University of Philadelphia Press, 1993); W.J. Sheils, "Catholics and their Neighbours in a Rural Community: Egton Chapelry 1590-1780," *NH* 34 (1998): 109-30; Marie B. Rowlands, ed., *Catholics of the Parish and Town 1558-1778* (London: CRS, 1999); Keith Luria, "Separated by Death? Burials, Cemeteries, and Confessional Boundaries in Seventeenth-Century France," *FHS* 24 (2001): 185-222; idem, *Sacred Boundaries: Religious Coexistence and Conflict in Early-Modern France* (Washington D.C: CUAP, 2005); Willem Frijhoff, *Embodied Belief: Ten Essays on Religious Culture in Dutch History* (Hilversum: Uitgeverij Verloren, 2002); Walsham, *Charitable Hatred*; Benjamin Kaplan, *Divided by Faith: Religious Conflict and the Practice of Toleration in Early Modern Europe* (London: Belknap, 2007); Francisca Loetz, "Bridging the Gap: Confessionalization in Switzerland," in *The Republican Alternative: The Netherlands and Switzerland Compared*, ed. Andre Holenstein, Thomas Maissen and Maarten Prak (Amsterdam: Amsterdam University Press, 2008), 75-98; Dixon, Freist and Greengrass, eds. *Religious Diversity*; Benjamin Kaplan et al., eds., *Catholic Communities in Protestant States: Britain and the Netherlands c.1570-1720* (Manchester: Manchester University Press, 2009); Lewycky and Morton, eds. *Getting Along.*
[110] Sheils, "Catholics," 109-30; Rowlands, ed. *Catholics of the Parish*; Kaplan et al., *Catholic Communities*; Walsham, *Charitable Hatred*; Dixon, Freist and Greengrass, eds. *Religious Diversity*; Lewycky and Morton, eds. *Getting Along*.
[111] Walsham, *Charitable Hatred,* 5.

of all of these at the same time, the balance between persecution and toleration was constantly in flux, changing in response to specific local circumstances, and the broader political and ideological atmosphere.[112] The fact that perceived extensions of 'toleration' by either individuals or institutions could spark off renewed episodes of persecution illustrates the case. When the recusancy laws were relaxed in the 1620s following the projected Spanish match, a deluge of anti-Catholic criticism erupted. During the civil war and interregnum 'toleration' was charged with causing the spread of radical sects like Ranters, Seekers, Fifth Monarchists and Muggletonians. The attempts of Charles II and James II to extend religious toleration through declarations of indulgence were dismissed with equal vigour. The relationship between persecution and toleration was therefore cyclical rather than linear. Such impulses coexisted in the minds of individuals and in society, explaining why acts of intolerance flared up at critical junctions when the safety of communities, or of the country at large, was thought to be in jeopardy.[113]

These reflections are essential for understanding the complex nature of confessional identities. A sense of one's religious affiliations could wax and wane, come in and out of focus, depending on the specific historical context, as well as local and personal circumstances. At times of relative calm, practising openly as a nonconformist carried fewer risks, but when the persecutory tendencies of individuals or the authorities became heightened, some lapsed back into less bold modes of dissent.[114] Moreover, people experienced and expressed their religious identity in highly specific ways: some participated in multiple conversions; some oscillated between positions of dissidence and occasional conformity; some were more accepting of cross-confessional sociability than others.[115] Because the practical manifestations of confessional identity did not operate in systematic or linear ways, this thesis adopts a thematic rather than a chronological structure. Employing this format, it attends to the varieties and inconsistencies of individual experience. It also seeks to develop a more complex model of how interests operated in relation to medicine.

Giving priority to interests can result in schematic accounts, as seen in the suggested correlations between religious, medical and political outlooks outlined above.[116] Historians have also invoked interests to explain changes in beliefs, and with regards to medicine, these interests have often been interpreted in terms of professional advancement. Andrew Wear's suggestion that learned physicians engaged with Calvinism in order to bolster claims against competitors in the 'medical marketplace' offers a case in point.[117] Historical accounts that

---

[112] Ibid, 13.
[113] Dixon, Freist and Greengrass, eds. *Religious Diversity*; Walsham, *Charitable Hatred,* 228-99.
[114] Walsham, *Charitable Hatred*, 188-9.
[115] Walsham, *Church Papists*; Lake and Questier, eds. *Conformity*, esp. ix-xx, 211-36.
[116] See footnotes 34-6, 44.
[117] See footnotes 33 and 44.

frame interests in terms of religious affiliation, and examine how such interests shaped medical ideas and practices, also tend to be schematic. For example, Andrew Cunningham's work on sixteenth-century anatomists notes that 'turning to religion takes us into a domain of motivation', prompting him to chart 'the relation of particular forms of anatomizing to particular forms of religious commitment.'[118] As with the assumption that advocates of radical theories of medicine would also be radicals in their religion,[119] such correlative models are overly determined and convey a sense of instrumentalism. Research that considers the impact of confessional identity on medical choice can also be schematic in nature. For example, scholars have suggested that following the confessional fragmentation that characterised the years after 1640, patients and practitioners gravitated toward their fellow co-religionists when seeking or proffering medical treatment.[120]

A number of cases presented in the following chapters disrupt such neat accounts. I therefore argue that in order to understand the significance of interests in relation to medicine, we need to develop more complex models of how they work. What, for example, are we to make of the close relationship between the Catholic physician Thomas Cademan, and his Protestant patient Francis Russell, the Earl of Bedford (1587-1641), which saw the Earl request treatment from his confessional 'rival' during his final illness, and moved Cademen to publish a commemorative tract documenting the encounter? What of the Protestant parson and tenants of Little Crosby, who visited their Catholic neighbour Nicholas Blundell for medical advice and treatment during the build-up to the Jacobite Rising of 1715? And what of the close friendship between the Presbyterian physician Richard Mead and the Catholic physician John Freind, a friendship which moved the latter to affectionately dedicate a medical treatise on smallpox to the former in 1723?[121] It is important to bear in mind that Freind had written the treatise whilst imprisoned in the Tower for ferrying letters, via a nurse, to the Young Pretender.[122] The dedicatory epistle stated, 'even in this Confinement…I thought I could not better employ my vacant Hours.' Concerning their shared views on the disease Freind noted, 'this Province, seems…to be reserved for you, Sir, namely that you should, one day, give us a full and compleat account of the nature and difference of the several kinds the Small-Pox…I shall leave the Subject entirely to You.'[123]

---

[118] Cunningham, *Anatomical*, 200-67.
[119] Webster, *Great Instauration*; French and Wear, eds. *Medical Revolution*.
[120] Peter Elmer, "Medicine, Witchcraft and the Politics of Healing in Late Seventeenth-Century England," in *Medicine and Religion*, ed. Grell and Cunningham, 223-42; Jonathan Barry, "Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol," in *Patients*, ed. Porter, 145-77, esp. 164-73. Also see Peter Elmer, "Healers and Healing in the First Age of Party: Medicine, Politics and Dissent," this chapter will eventually appear in a monograph titled *Medicine, Religion and the Politics of Healing in Early Modern England*, current pagination 584-654.
[121] John Freind, *Nine Commentaries upon Fevers: and two Epistles concerning the Small-Pox Addressed to Dr. Mead* (1730).
[122] Anita Guerrini, "John Freind," ODNB, http://www.oxforddnb.com/view/article/10153?docPos=1.
[123] Freind, *Commentaries*, 123-4.

Of course, there are a number of cases throughout the period that operate in a more confessionally aligned manner. For example, the recusant physician Thomas Vavasour maintained a medical practice for Catholics in York during the 1580s.[124] Similarly, since there was an expectation that parochial midwives would baptize a child if its life seemed at risk, this precaution was unacceptable to some Quaker communities. Such a case can be seen in the town of Barking in Essex, 1680, when local midwives were denied the opportunity to assist Quaker women during labour. In their place, Friends appointed Elizabeth Mortimer, a Quaker widow.[125] It was also not uncommon to find both intra- and interconfessional practices enacted by one individual. For example, Sir John Micklethwaite, a Presbyterian physician and member of the Royal College, served the household of Charles II whilst providing medical licences for struggling co-religionists. He also treated patients from across the confessional spectrum, although his relationships with patients who shared his religious outlook appear to have been more intimate in nature.[126] Surely, then, it is possible to argue that religious interests did not *determine* people's medical practices, but rather shaped the texture of these practices depending on the precise social setting and personalities involved.

In the light of these complexities, the ways in which we trace the threads that lead from and to any given medical focus or practice need to be examined with the utmost care. Regarding the relationships between religious affiliation and medical practice, we can do this in three ways. First by resisting the tendency to frame religious and medical interests as entirely distinct. Second by examining beliefs and practices *in conjunction,* thereby paying greater attention to the ways in which interests were actually experienced and expressed. And third, by acknowledging that individuals had numerous interests, some of which might have been at odds with each other, so the degree to which people expressed their interests – be they hidden, negotiated or asserted – was dependent on the specific social setting, broader historical context, as well as personal character and circumstances. In other words, we need to be as rigorous as possible. We need to gain a greater sense of how belief systems actually manifested themselves *in practice*, and by doing so, we can grasp better the ways in which people managed, often with extraordinary subtlety, their various emotional, religious and social commitments in everyday life.

Employing a framework of regional studies facilitates such an approach. The components of medical provision upon which people could draw have been outlined broadly in recent years, yet the precise ways in which contemporaries managed their interactions with a whole range of healers at local level requires detailed discussion. As Steven King and

---

[124] D. Palliser, "Civic Mentality and the Environment in Tudor York," *NH* 18 (1982): 91; Jenifer Crawford, *A Dangerous Innovator: Mary Ward 1585-1645* (Strathfield: St Paul's Publications, 2000), 16.
[125] Adrian Davies, *The Quakers in English Society 1655-1725* (Oxford: Clarendon Press, 2000), 37-8.
[126] See chapter two, 76-110, esp. 106-9.

Alan Weaver have noted, 'systematic regional analysis of the medical landscape and attitudes to medicine on the part of consumers are notable by their absence.'[127] Historians have also highlighted that the specific ways in which healing was defined in personal and social terms requires further attention.[128] In addition to extending our knowledge, a regional focus can provide a vehicle for questioning implicit theoretical models ('progress', 'medicalization') which underpin some medical historiography.[129] It can provide a buttress against claims that 'national' generalisations in a range of issues are based upon a series of unexplored assumptions about the character of medical culture at local level. It will also help us develop a sense of which phenomena operated on a more general level. And even regarding those phenomena that appear to have been ubiquitous, such as the early modern practice of self-treatment, obtaining a more precise understanding of how such practices were enacted in local settings, and the kinds of community experiences and social relationships within which such practices were embedded, is essential.[130]

This framework resonates with recent work by historians of early modern religion. Examining the advent and spread of Protestantism, scholars have shifted their gaze from the court, Parliament and ecclesiastical hierarchy to specific regions, towns and parishes.[131] Focusing on the arenas in which a person's faith was defined and played out – the neighbourhood, the parish church, the village green, the household – this research has shed indispensable light on nature of *lived* religion.[132] It has demonstrated that at local level ties of kinship, family and fraternity created bonds of identity which had to be weighed alongside those of religious confession. The broader historical context shaped the manner in which contemporaries expressed their faith, and an abstract hatred of religious nonconformity coexisted with high levels of accommodation for its individual adherents.[133] Scholars have also noted that in the long run impulses towards religious separation appear to have been at least as significant as factors encouraging integration. For example, as the seventeenth century drew to a close, trends towards endogamy and greater separation regarding the

---

[127] Steven King and Alan Weaver, "Lives in many Hands: The Medical Landscape in Lancashire, 1700-1820," *MH* 45 (2000): 173-200, 174.
[128] Jenner and Wallis, eds. *Medicine*, 1-24.
[129] See footnotes 3, 33, 43-54, 60-1.
[130] King and Weaver, "Lives," 173-200.
[131] Norman Jones and Daniel Woolf, eds., *Local Identities in Late Medieval and Early Modern England* (Basingstoke: Palgrave Macmillan, 2007); Christopher Haigh, *Reformation and Resistance in Tudor Lancashire* (Cambridge: Cambridge University Press, 1975); David Underdown, *Fire from Heaven: Life in an English Town in the Seventeenth Century* (London: Harper Collins, 1992); Patrick Collinson and John Craig, eds., *The Reformation in English Towns* (New York: St Martins Press, 1998); Muriel Mclendon, *The Quiet Reformation: The Emergence of Protestantism in Tudor Norwich* (Stanford: Stanford University Press, 1999); Eamon Duffy, *The Voices of Morebath: Reformation and Rebellion in an English Village* (New Haven and London: Yale University Press, 2001).
[132] See footnotes 109-10. Also see Jessica Martin and Alec Ryrie, eds., *Private and Domestic Devotion in Early Modern Britain* (Farnham: Ashgate, 2012); Natalie Mears and Alec Ryrie, eds., *Worship and the Parish Church in Early Modern Britain* (Farnham: Ashgate, 2013).
[133] See footnotes 107-14.

appointment of godparents were in operation.[134]

By this time English society was more familiar with the case for toleration; the Act of Toleration had been passed in 1689 granting freedom of worship to mainstream Dissenters and Quakers, but not to Unitarians or Catholics; and by 1700 many intellectuals contended that religious uniformity was a practical impossibility.[135] Historians have suggested that the more active separation of religious communities paradoxically followed the extension of official toleration, as if the relaxation of persecution somehow threatened group identity.[136] This thesis considers how far such trends are apparent when examining the medical practices enacted across Yorkshire and Essex. These regions have been selected for two central reasons. First, reducing the scale of the study enables me to examine relevant material in as much depth as possible. This will facilitate a closer examination of the patterns and textures of daily relations. It will provide a sharpness of focus, yielding a more elaborate sense of context, of how things were seen and experienced at specific time and place. Second, selecting counties that differed markedly in geographical location and size will encourage comparative reflections.

Regarding the specificities of each region, Yorkshire was by far the largest county in England containing 3,870,038 acres, and exceeding by 2,178,245 acres the neighbouring county of Lincoln, which came next to it in size.[137] According to a modern estimate, the total population at the end of the sixteenth century was 300,000,[138] with the East Riding made up of 234 parishes, the North Riding 225, and the West Riding 278.[139] In our period the county was predominantly rural, and most inhabitants were country-dwellers who depended either directly or indirectly on agriculture for their livelihood. The West Riding, however, witnessed what has been termed 'a minor industrial revolution', which transformed the structure of some local economies. Sheffield was famous for its cutlery, whilst coalmines and iron mills developed across areas such as Wakefield, Pontefract, Barnsley and Rotherham. Alongside these developments, the most important industry was the manufacture of cloth, which provided employment for thousands of cottagers in the areas around Leeds, Halifax, and Wakefield.[140] During this time York operated as a regional capital and its role in ecclesiastical and secular administration brought a flurry of business into the city. In

---

[134] Lewycky and Morton, eds. *Getting Along*; Sheils, "Catholics"; Walsham, *Charitable Hatred*.
[135] Walsham, *Charitable Hatred*, 230-85; Grell, Israel and Tyacke, eds. *Persecution*; Ole Peter Grell and Robert Scribner, eds., *Tolerance and Intolerance in the European Reformation* (Cambridge: Cambridge University Press, 1996).
[136] Walsham, *Charitable Hatred,* 312-13; Sheils, "Catholics," 124; Malcolm Wanklyn, "Catholics in the Village Community: Madeley, Shropshire, 1630-1770," in *Catholics of the Parish*, ed. Rowlands, 210-37.
[137] William Page, ed., *The Victoria History of the County of York: A History of Yorkshire Volume II* (London: Constable and Company, 1912), 455.
[138] J.T. Cliffe, *The Yorkshire Gentry: From the Reformation to the Civil War* (London: Athlone Press, 1969), 1-2.
[139] E.A. Wrigley and R.S. Schofield, *The Population History of England 1541-1871: A Reconstruction* (London: Edward Arnold, 1981), 534.
[140] See Page, *County of York*; Cliffe, *Yorkshire Gentry*.

particular, it functioned as the focus of regional trade, in which the products of the countryside were exchanged for imported or locally manufactured goods and services. Its parishes were also more close-knit and crowded than less intensely settled areas of the region, and its population grew from 10,000 to 12,400 between 1600 and 1700.[141]

In terms of medical provision within the county exact numbers are difficult to ascertain due to the large numbers practising without a licence. For those that did obtain a licence, documentary issues still persist. Regarding physicians, because many were never summoned and clerks often failed to record those who appeared to exhibit licences, reliable information for this diocese may never be attainable.[142] Working from a list of episcopal licences documented by the historian John Raach, and records concerning the few licences issued to Yorkshire physicians by the Archbishop of Canterbury, I have noted 42 physicians practising in the county between 1616 and 1724, although this number is certainly an underestimate. In terms of distribution, they held medical practices across the county, from rural areas such as Pocklington, Whitgift and Beverley in the East Riding, to more built-up areas such as York, Wakefield and Leeds in the West Riding.[143] Records of Yorkshire surgeons and midwives nominated for an episcopal licence have also survived. Surgeons' nominations run from 1660-1790, documenting 59 surgeons presented for a licence between 1660 and 1730, with the number rising to 66 by 1790. Like physicians, they practised across the county, from the rural areas of Bridlington and Holderness, to the regional centres of York and Sheffield.[144] Midwives' nominations run from 1660-1772. Between these years 310 midwives were presented to receive a licence, and, once again, services were provided county-wide.[145] Despite such wide distribution of practice, there were areas where certain kinds of medical provision were more concentrated. As Sir Walter Calverley noted when his father fell ill in Esholt in 1691, '[we] went to Leeds for convenience of doctors.'[146]

Moving to Essex, we find a much smaller county, comprising a little over one million acres and 403 parishes.[147] At the close of the sixteenth century approximately 100,000 people lived there, this number rising to 120,000 by 1670. Like Yorkshire, the majority of people lived in rural hamlets and villages and generated an income from working on farms, whether as owners, tenants or agricultural labourers. After agriculture the most important activity was making cloth, the production of which became concentrated in the county's largest towns: Colchester, Braintree-Bocking, Chelmsford, Coggeshall, Saffron

---

[141] See P.M Tillott, ed., *A History of Yorkshire: The City of York* (London: Oxford University Press, 1961).
[142] Harley, "Physicians," 402.
[143] John Raach, *A Directory of English Country Physicians, 1603-43* (London, 1962), 119-25; Lambeth Palace Library, "Medical Licences Issued by the Archbishop of Canterbury 1553-1775," 48-9.
[144] BI, MS Nom.Sur.
[145] BI, MS Nom.M.
[146] Samuel Margerison, ed., *Memorandum Book of Sir Walter Calverley* (York, 1886), 47.
[147] Wrigley and Schofield, *Population*, 534.

Walden, Dunmow, West Ham, Hatfield Broad Oak, and Billericay. These developments were facilitated by the settlement of Protestant refugees, who introduced the manufacture of new draperies, the light weight bays and says which became a mainstay of the Essex cloth industry.[148] Over time, inhabitants clustered in towns and market-dependent rural areas. For example, the population of Colchester, by far the largest town in Essex, rose from 4,600 in 1570 to 10,400 by 1674.[149] Braintree-Bocking came in second, with a population of roughly 2,500 by the mid-seventeenth century.[150] Irrespective of population size, Chelmsford operated as the chief county town, where both the assizes and the quarter sessions were usually held.[151]

Regarding medical provision in the region, once again, obtaining exact numbers is exceptionally difficult. From the information we have concerning episcopal licences, 84 were issued to Essex physicians between 1605 and 1729. As in Yorkshire, provision was distributed widely across the county, although Chelmsford, Colchester and Braintree-Bocking appear to have housed more concentrated numbers.[152] I have not been able to find records relating to the nomination of surgeons and midwives for the region. However, from a list compiled by Bloom and James regarding licensed medical practitioners in the diocese of London, 27 surgeons are noted as practising in Essex between 1564 and 1706. They practised county-wide, although numbers appear to have been more concentrated in areas such as Chelmsford, Colchester, Coggeshall, Braintree-Bocking and Maldon.[153] Once again, these figures are certainly an underestimate due to the large numbers practising without a licence.

Concerning the religious landscape of each county, it has become commonplace to conceptualise such structures in terms of a centre/periphery divide, with the north seen as the stronghold of Catholic survivalism, and the south, especially the south-east, as a seedbed for the hotter sorts of Protestants.[154] One therefore might expect Yorkshire and Essex to have very different confessional make-ups. In fact, they display a number of similarities. Both regions were multi-confessional, and religious dissidents in both counties received support from local gentry. Catholic gentry families such as the Stapletons of Carlton (Yorkshire) and

---

[148] See Janet Cooper, ed., *A History of the County of Essex Volume IX: The Borough of Colchester* (Oxford: Oxford University Press, 1994), 67-90; William Hunt, *The Puritan Moment: The Coming of a Revolution in an English County* (London and Massachusetts: Harvard University Press, 1983), 1-84; Wrightson, *Earthly Necessities*, 166-73.
[149] Cooper, *Colchester*, 67.
[150] Hunt, *Puritan Moment*, 1-3.
[151] Cooper, *Colchester,* 70.
[152] See Raach, *Directory*, 21-95; Lambeth Palace Library, "Licences," 31-2; J. H. Bloom and R. R. James, *Medical Practitioners in the Diocese of London: An Annotated List 1529-1725* (Cambridge: Cambridge University Press, 1935), 37-48.
[153] Bloom and James, *Practitioners*, 16-70.
[154] A number of local studies reflect this assumption, for example Christopher Haigh, *Reformation and Resistance in Tudor Lancashire* (Cambridge: Cambridge University Press, 1975); Keith Wrightson and David Levine, *Poverty and Piety in an English Village: Terling 1525-1700* (London: Academic Press, 1979).

the Petres of Ingatestone (Essex); and Presbyterian gentry families such as the Middletons of Ecclesfield (Yorkshire) and the Barringtons of Billericay (Essex), offer cases in point, all were resident throughout the period.[155] Regarding the confessional structure of the localities, both regions had largely plural parishes, although in some areas distribution was more specific. Examples include the concentration of Catholics in St. Deny's and St George's (York), and in North Ockenden and Leyton (Essex).[156]

Regarding approximate numbers, historians have estimated that in the West Riding of Yorkshire presentments of the laity for recusancy remained relatively constant: 850 between 1615-20, 1005 between 1640-2, 1015 between 1674-80, and 850 between 1691-7.[157] For the North Riding an increase has been noted, with numbers of presentments rising from roughly 1,200 in 1603 to 1,900 by 1642.[158] These figures are certainly an underestimate of the total Catholic membership.[159] Whilst such statistics have not been compiled for the county of Essex, scholars have shown that the Catholic gentry families of the south-east formed a well-established body, secured by their wealth and continuity of tenure.[160] Approximately 40 of these families resided in Essex throughout the century,[161] key families being the Appletons, the Birds, the Burrs, the Rookwoods, the Petres, the Southcotes, the Clements and the Wisemans.[162] It has also been estimated that between 20 and 30 Jesuits were operating in the south-east from 1621-1700.[163] At least seven Jesuit fathers, and four secular priests were serving in Essex from the mid-seventeenth century. Furthermore, in 1633 the Petres established a fund to maintain what was called a 'District' of Jesuits to serve the counties of Essex, Norfolk, Suffolk and Cambridgeshire. The 'District' in Essex became known as the 'College of the Holy Apostles', and the following places were at one time or another staffed by the Fathers: Bellhouse in Aveley, Great Bromley Hall, Crondon Park, Ingatestone Hall, Thorndon Hall, Kelvedon Hatch Hall, Walthamstow, Wealside, Writtle Park, and Witham.[164]

Moving to Protestant nonconformists, their numbers grew markedly across both regions. Approximately 155 ministers in Yorkshire and 116 ministers in Essex were ejected from their livings following the 1662 Act of Uniformity.[165] By 1690 around 26 Presbyterian

---

[155] Foley, *Notes,* 32-41; Hugh Aveling, "The Catholic Recusants of the West Riding of Yorkshire 1558-1790," *LPLS* 10 (1962): 241; Bryan Dale, *Yorkshire Puritanism and Early Nonconformity* (Bradford, 1909), 176; George Walker, *The History of a Little Town: The Story of Billericay, Essex* (Chelmsford, 1947), 95.
[156] Tillot, *Yorkshire,* 202; W.R. Powell, ed., *The Victoria History of the Counties of England: A History of Essex Volume VII* (London, Oxford University Press, 1978), 123-4.
[157] Aveling, "Recusants," 242.
[158] Aveling, *Catholics*, 257.
[159] See footnote 99.
[160] Aveling, *Catholics*, 101.
[161] B. Foley, *Notes on Some Catholic Confessors in the County of Essex* (Brentwood: ERS, 1963).
[162] Ibid, 4, 8, 12, 43, 32-6, 46, 60-1.
[163] Bossy, *The English*, 191.
[164] Foley, *Notes*, 36-7.
[165] Dale, *Yorkshire Puritanism*, 3; Davids, *Nonconformity*, 130.

ministers were operating in Essex, having a 'competent supply' of roughly 200 hearers each, with 27 places 'that had opportunity of Religious assemblies.' In the West Riding of Yorkshire there were roughly 88 ministers with a 'competent supply' and 89 places allocated for future assemblies. In the East Riding there were 90 ministers with 'a competent supply' and 91 places for prospective assemblies. Similarly, in the North Riding there were 88 ministers with large followings, and a further 89 places designated for future gatherings.[166] With respect to Independents, Michael Watts has estimated that by the early eighteenth century there were 13 congregations in Essex with 6,420 hearers, and 12 congregations in Yorkshire, with 2,570 hearers.[167] Regarding Quakers, Adrian Davies has estimated that for the county of Essex numbers rose from 1,283 to 2,035 between 1655 and 1724. He has also noted that four Quaker doctors were practising in Colchester during this period.[168] In Yorkshire, Quaker meeting-houses were established in areas such as York, Doncaster, Knaresborough, Whitby, Harrogate, Horton, Skipton, Scarborough, Rippon, Stokesley and Pontefract.[169] Watts has calculated that by the early eighteenth century there were approximately 89 congregations and 4,100 hearers.[170] Baptist congregations also developed across both regions, for example in Colchester, Harlow, Matching and Chelmsford in Essex; and York, Pontefract, Scarborough, Stokesley, Hexham, Horton, Guiseley and Kildwick in Yorkshire.[171] In addition, it is necessary to consider too the mainstream religious cultures across both regions: the broad-based Protestant majority that encompassed those we might variously describe as Anglicans and puritans.[172]

In terms of medical practices within these counties, a number of general similarities can also be noted. As historians have established for the country at large, sufferers often diagnosed and nursed their ailments without seeking advice from a practitioner, instead favouring the counsel of a family member or friend.[173] When a practitioner was called upon, inhabitants here, as in other regions of England, often travelled to seek medical services, sometimes to a neighbouring town or county, and sometimes to London. Both counties had areas in which medical provision was more concentrated, and it was also not uncommon for

---

[166] Alexander Gordon, *Freedom After Ejection: A Review (1690-1692) of Presbyterian and Congregational Nonconformity in England and Wales* (Manchester, 1917), 41, 129-30.
[167] Watts, *Dissenters,* 509.
[168] Davies, *Quakers*, 151-61.
[169] See E. Hargrove, *The History of the Castle, Town, and Forest of Knaresborough with Harrogate, and its Medicinal Waters* (York, 1775); George Fox, *The History of Pontefract in Yorkshire* (York, 1827); Tillott, *Yorkshire*; Andrew White, *A History of Whitby* (Chichester: Phillimore, 1993); Brian Barber, *A History of Doncaster* (Chichester: Phillimore, 2007).
[170] Watts, *Dissenters*, 506.
[171] See W.R. Powell, ed., *A History of the County of Essex Volume VIII* (London: Oxford University Press, 1983); J.L. Fisher et al., *A History of Harlow* (London: Oxford University Press, 1963); M. Morant, *The History and Antiquities of the Borough of Colchester in the County of Essex* (Colchester, 1810); Tillot, *Yorkshire*; Thomas Hinderwell, *The History and Antiquities of Scarborough and the Vicinity* (1798); Ian Sellers, ed., *Our Heritage: The Baptists of Yorkshire, Lancashire and Cheshire 1647-1987* (Leeds: YBA, 1987).
[172] On the nature of mainstream Protestant cultures see Ryrie, *Being Protestant*.
[173] On the practice of self-treatment see Lindemann, *Medicine*, 241-2.

London-based practitioners to visit patients in both counties. Given the frequency with which people travelled both to seek and to provide medical assistance, at times my focus extends to adjacent counties, and to the metropolis.

Structure

This study is divided into five chapters, each looking at healing practices from a different perspective, starting in the household, and steadily moving out into the wider community. The first chapter examines medical practices within the family. It looks at the production and distribution of homemade medicines, lay practices around the sickbed, and the recourse to practitioners. It focuses on the workings of 'religion *in*, or *as*, medicine' apparent in these contexts. It also seeks to unravel some of the complex channels through which confessional identity was experienced and expressed in relation to domestic healing.

Chapter two looks at medical practices within an occupational context, focusing specifically on physicians. As physicians were a relatively distinct group, who were by definition literate, and relatively likely to leave traces in the historical record, they provide a promising case to study in depth. Examining forms of self-presentation, collaboration between practitioners, and interactions between practitioners and their patients, I explore the ways in which religious beliefs and practices shaped, and often *formed an integral part of*, the physician's office. I also consider the extent to which a physician's religious affiliations shaped his social networks and social relationships within these settings.

The third chapter looks at individuals who were depicted as examples of exceptional virtue, and considers the kinds of qualities that people admired in these individuals. Two of the main qualities revered were their physical appearance and physical comportment, in sickness and in death. Professional attendants in the bedchamber, both clerical and medical, often examined these patients in order to decipher whether God had left marks of divine intervention upon their bodies. Their findings were then corroborated and published, usually within a funeral sermon or spiritual biography. Examining such accounts, I draw attention to the ways in which contemporaries brought a number of shared visual skills and habits to bear upon their looking practices. In particular, clerical and medical professionals engaged with physiognomical concepts, which engendered a shared impulse to look for the ways in which the state of the soul could be deduced from the appearance of the face and body. This enabled *all* attendants at the sickbed to move from the visible to the invisible, from nature to God. The evidence will be presented thematically, starting with the sickbed; then the deathbed; and finally, the treatment of patients following death. In such contexts the religious aspects of medical practice came to the fore, as attendants across both the confessional and occupational divide used corporeality to think about Christian spirituality.

Chapter four examines the provision and receipt of medical charity in the community. Medical relief was considered to be a recognition of God's image in human beings, an expression of the love of God that affirmed the divine presence among men and women. But when practised within the religiously plural communities of early modern England, deciding which men and women to assist was a more complex matter. Looking at voluntary healing within the household, the visitation of the sick, and almshouses and hospitals, this chapter elucidates the religious framework within which medical charity was conducted, and explores the extent to which a person's affinity with a particular religious group shaped their provision, or receipt, of medical relief.

The final chapter explores the ways in which medicine operated as a conduit of religious identity during periods of religio-political crisis. It demonstrates that medicine, broadly defined, was a practice through which religious sentiments could be readily expressed. More specifically, it considers how this process operated when a sense of confessional differences became heightened at local level. In such contexts, did responses to sickness change? Did medical practices acquire a more intense religious dimension, or become more confessionally aligned? And how did contemporaries manage their various religious, medical, and political commitments? To assess these issues I focus on three specific themes: medicine as a form of ministry, practitioners as proselytizers, and what contemporaries termed conduct 'under pretence of physic', by which they meant individuals who, through their work as healers, were able to carry out subversive or illicit practices.

Sources

Since this thesis considers a diverse range of practices, it employs a correspondingly diverse range of sources. A number of published works have been used including medical tracts, religious treatises, polemical works, conduct books, prayer manuals, and household guides. It can be difficult to estimate how far such texts are representative of more general opinion, and how far their content was received and applied by audiences. Nevertheless, I often use works that went through multiple editions, which suggests that many of the texts held some resonance with buyers. Furthermore, some of the publications have been cited in manuscript sources such as diaries and letters, which can, on occasion, reveal the ways in which people used and responded to specific works.

Published funeral sermons and spiritual biographies have also been used. This material is hardly unproblematic, especially concerning what it can reveal about daily practices. It is highly stylized, designed to emphasise achievements, and draws heavily upon traditional templates, such as saints' lives and the life of Christ. Some historians have therefore suggested that constraints of convention within the genre provide, at best,

tangential evidence about the lived experiences of their subjects.[174] That said, a number of scholars have re-evaluated the potential advantages of this material. Peter Lake, for example, has argued that no matter how idealized such portraits may have been, they also had to be recogniseable, as the whole rationale behind funeral sermons and lives lay in there being a basic fit or congruence between the image produced in the pulpit, and the recollections of the audience who had known the subject in life.[175] Moreover, the authors of the tracts I use had all known their subject on a personal level, and had actively tended to their sick body. Given this direct relationship I believe we can, if with considerable care, use such material to shed light on contemporary practices.[176]

A range of manuscript sources have also been consulted including wills, diaries, letters, commonplace books, herbals, medical casebooks,[177] account books, petitions for medical licences, and records from charitable institutions. Local court records and the state papers have also been used.[178] Of course, these sources tend to be limited in their under-representation of lower socio-economic groups. Diarists, letter-writers, and the authors of commonplace books, herbals and medical casebooks were largely drawn from the middling and upper ranks in society. A number of the practices they document also pertain to specific socio-economic groups. For example, paying for a physician to visit a patient in a far-off county, which often necessitated them taking up residence in the sufferer's home, was certainly restricted to the middling and upper sorts. As Pelling and Webster have noted, practitioners were commonly expected to house patients until their sickness abated, but if the patient was wealthy, they could retain their own practitioner and ask them to take up residence until the cure was effected.[179] Nevertheless, it is hoped that the focus on medical charity provides at least some sense of the experiences of poorer sorts.

Concerning contemporary experiences, historians have suggested that a number of the above sources over-represent those of the intensely religious in society. For example, the motives for writing a diary were often religious – usually aimed at recounting God's providences towards the author, as well as their daily spiritual exercises. One might therefore argue that such pious individuals were more likely to interpret sickness within a religious framework. Such charges have been raised, in particular, against puritan diarists from the period.[180] However, while a number of the diarists discussed here were exceptionally pious,

---

[174] As embodied in Patrick Collinson, *Godly People: Essays in English Puritanism and Protestantism* (London: Hambledon Press, 1983), 499-525.
[175] Peter Lake, "Feminine Piety and Personal Potency: The Emancipation of Mrs Jane Ratcliffe," *Seventeenth Century* 2 (1987): 143-65.
[176] For a more detailed discussion of the genre see chapter three, 111-143.
[177] For a more detailed discussion of medical casebooks see chapter four, 144-76.
[178] For a list of all the manuscripts consulted, and a description their material qualities and content, see the bibliography, 210-14.
[179] Webster and Pelling, "Practitioners," 218.
[180] See, for example, Harley, "Theology," 273-92; Wear, "Puritan Perceptions," 55-101.

they were certainly not abnormal. Given how pervasive religion was in early modern society, their devotional experiences are unlikely to have differed vastly from others. Furthermore, recent research demonstrates that the differences between 'godly puritans' and 'prayer book Protestants', which have been so important in English historiography, almost fade from view when examined through the lens of personal devotion and lived experience.[181]

Besides the issues of religious representation, we need to bear in mind that diaries were often designed to be read by other people. They were frequently passed down to family members, they might circulate among godly communities, and extracts were often transcribed and printed in funeral sermons and lives.[182] Authors may therefore have embellished certain elements of their accounts, or tailored their writings to make themselves appear in the best light. Letters were also subject to self-censorship and editing. In particular, their content could be shaped by the anticipation of reader response, and they frequently drew upon literary patterns and conventions. Despite these issues, such material still surpasses all other sources in their potential to convey lived experience.

Focusing on the nature of lived experience has required me to ask a series of precise questions about healing practices, senses of affinity, and social relationships. To answer these questions I have had to reconstruct histories of individuals, households, and communities. By 'communities' I not only refer to people living in the same location, but those voluntarily associating together, or linked in some significant way, such as those who shared certain interests and values. Reconstructing these case studies necessitates the bringing together of fragments of evidence from the widest possible range of sources. The sources employed convey significant aspects of contemporary experience and practice, and provide relevant and valuable insights. Often, the material elucidates the intricacies and inconsistencies of everyday lives, and to evade this complexity does violence to our sources. With this in mind, I present a range of rich cases that enable me to reflect on broader themes within the historiography without extrapolating too far from the evidence. Broader themes include medical choice, forms of care, and the dynamics between patients and practitioners. Still, my account is necessarily a partial one. It has been shaped by what has survived in the historical record, much of this material skewed to the wealthier and more educated strata of society. Sources are also mediations, rather than transparent records of a past situation. They allow us only indirect access to the texture of contemporary lives, which requires us to situate texts within their contexts whenever possible – the status of their maker, the maker's situation, the mode of production, the material qualities of the source, and forms of dissemination and reception. In other words, we have to work with what we have, and I

---

[181] Ryrie, *Being Protestant*.
[182] See, for example, Andrew Cambers, *Godly Reading: Print, Manuscript and Puritanism in England, 1580-1720* (Cambridge: Cambridge University Press, 2011).

would argue that the material this study presents provides a compelling and highly suggestive picture.

***

Examining medicine as experienced and practised, and considering how a sense of confessional identity shaped these operations, will provide fresh insights for both the history of religion and the history of medicine. Regarding the former, it contributes to the burgeoning field of scholarship that considers the formation of confessional identities, and the social interactions between different confessional groups. This body of work has recently identified impulses towards religious separation from the 1680s onwards, particularly concerning the selection of marriage and business partners.[183] However, when looking at medical practices, the story does not appear to be so clear. As this study will highlight, aid continued to be distributed across the confessional divide well into the eighteenth century, even during periods of religio-political crisis. At the same time, medical practices could also work to bolster a sense of confessional identity and solidarity. This seemingly paradoxical blend may partly be rooted in the fact that tending to the sick was a profoundly religious duty embedded in notions of Christian obligation. As such, some people may have felt bound by the Christian duty of charity to continue treating those who espoused 'rival' beliefs. In particular circumstances, interconfessional healing was also embedded in the close relationships that continued to operate between individuals of opposing faiths.

Regarding the history of medicine, my research will open up new areas of enquiry by shifting the study of 'religion and medicine' from the intellectual to the everyday. Examining the complexities of daily lives will facilitate a more complex understanding of the interests that lead someone to a particular medical focus or practice. Examining forms of healing within everyday settings also reveals that religious beliefs and practices formed an integral part of medical work throughout the period. This encourages us to revise our existing model of medicalization. As Peter Conrad has recently noted, the term 'medicalization' denotes 'the diminution of religion' alongside the increased prestige of the medical profession.[184] Regarding the latter point, historians have demonstrated that there was an increased demand for medical services during the seventeenth century.[185] As this thesis will illustrate, in spite of this upturn, the religious basis of healing did not diminish. Therefore, we might work towards formulating a model of medicalization which recognizes the ongoing importance of religion even as the demand for professional medical services was

[183] Lewycky and Morton, eds. *Getting Along*; Sheils, "Catholics"; Walsham, *Charitable Hatred*.
[184] Conrad, *Medicalization of Society*, 8.
[185] See, for example, Mortimer, *The Dying*.

increasing. In other words, a model of medicalization without secularization. In addition to these specific contributions, it is hoped that this study will encourage more contact and engagement between the two sub-disciplines. Such engagement would be particularly worthwhile since the period under discussion was arguably a-disciplinary when it came to matters ‘religious’ and matters ‘medical’.

Chapter One

"A Dose of Physic": Medical Practice and Confessional Identity within the Family

In 1581 the Church of England clergyman Richard Greenham received a question from one of his sickly parishioners concerning 'whither a Christian might use the help of a papist who had been known to do many cures'. Greenham's reply asserted that 'many circumstances are to bee considered'. These included 'whether ther bee not some faithful and experienced man who wee have not used in advice', 'whether the disease bee so dangerous…as asking the counsel of a papist may not bee deferred and some bettwen means may in time be required of', and whether the patient 'have wisdom and strength to suffer such an one to minister unto him'.[1] A century on, the Presbyterian minister Richard Baxter advised co-religionists in his *Christian Directory* (1673) to be 'exceeding wary… with what company you familiarly converse: That they be neither such as would corrupt your minds with error, or your hearts with profaneness.' Concerning directions for the sick Baxter added 'If it may be, get some able faithful guide and comforter to be with you in your sickness...Though the difference between good company and bad, be very great in the time of health, yet now in sicknes it will be more discernable.'[2] How far such advice was adhered to when families sought to preserve the health of their members, and call upon help outside the home, provides the focus of this chapter.

In early modern England the place where most people experienced and treated illness was the household.[3] Lay medical practices were therefore invariably centred on the family, and in many cases, sufferers diagnosed and nursed their ailments without seeking advice from a practitioner, instead favouring the counsel of a family member or friend.[4] Centred on the personal transactions between single patients, kin, neighbours, and in some cases a practitioner, how might the religiously plural context of the Reformation era have shaped these close relationships? When seeking to comfort sick family members; provide treatment for their minor, chronic or terminal ailments; and call upon the assistance of medical practitioners, how far were healing practices and networks of support shaped by the need to, as Baxter asserted, be 'exceeding wary' about the 'difference between good company and bad'? Did confessionally opposed families integrate or separate from one another in relation to matters of health? Did different religious groups forge more exclusive ties with medical practitioners of their own confession, or conversely, did they find a way to

---

[1] Kenneth L. Parker and Eric J. Carlson, *Practical Divinity: The Works and Life of Revd Richard Greenham* (Aldershot: Ashgate, 1998), 134-5.
[2] Richard Baxter, *A Christian Directory, or, A Summ of Practical Theologie* (1673), 58, 648.
[3] Andrew Wear, *Knowledge and Practice in English Medicine 1550-1680* (Cambridge: Cambridge University Press, 2000), 24.
[4] Mary Lindemann, *Medicine and Society in Early Modern Europe, Second Edition* (Cambridge: Cambridge University Press, 2010), 241-2.

comfortably coexist and interact in the 'medical marketplace'? By examining these issues I hope to shed fresh light on the ways in which medical practices were embedded in social relations and community experiences; and begin to unravel some of the complex channels through which confessional identity was experienced and expressed in relation to domestic healing.

Examining the role of confessional affiliations is especially pertinent since sickness and healing were rooted in a fundamentally religious framework. The onset of illness was perceived as a providential judgement sent from God to punish sin, and only He was capable of revoking it.[5] As Lewis Bayly's best-selling manual, *The Practice of Piety*, stated in 'a Prayer before taking Physic':

> O Merciful Father, who art the Lord of health, and of sickness, of life, and of death; who killest, and makest alive; who bringest down to the grave, and raisest up again, I come unto thee as to the only Physician, who canst cure my Soul from sin, and my Body from sickness…I have according to thine Ordinance, sent for thy Servant (the Physician) who hath prepared for me this Physick, which I receive as means sent from thy fatherly hand.[6]

Visiting a person on their sickbed also constituted a profoundly religious act. The act itself was couched in biblical rhetoric, comprising one of the works of corporal mercy: feeding the hungry, clothing the naked, giving drink to the thirsty, harbouring the harbourless, visiting the sick, visiting the imprisoned, and burying the dead. Attendants were also expected to engage in religious exercises at the bedside, and they were plentifully provided with scripts to follow. Daniel Featley's *Ancilla Pietatis*, a Protestant manual of enduring popularity, instructed bystanders to sing psalms around the sickbed.[7] Lewis Bayly equipped readers with 'a prayer to be said for the sick by them who visit him', and advised that 'when the sick party is departing, let the faithful that are present kneel down and commend his soul to God.' Similarly, Jeremy Taylor's *Rule and Exercises of Holy Dying*, which ran through twenty editions between 1651 and 1727, noted 'Prayers and Acts of Vertue [are] to be used by the sick and dying persons, or by others standing in their

---

[5] David Harley, "Spiritual Physic, Providence and English Medicine 1560-1640," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 101-17; Alexandra Walsham, *Providence in Early Modern England* (New York: Oxford University Press, 1999); Lauren Kassell, *Medicine and Magic in Elizabethan London: Simon Forman, Astrologer, Alchemist and Physician* (Oxford: Clarendon Press, 2005); Hannah Newton, *The Sick Child in Early Modern England, 1580-1720* (Oxford: Oxford University Press, 2012).
[6] Lewis Bayly, *The Practice of Piety, Directing a Christian how to Walk that he may Please God* (1695), 375.
[7] Daniel Featley, *Ancilla Pietatis, or the Hand-Maid to Private Devotion* (1626), 594.

Attendance.'[8] Of those 'neer their death' Taylor instructed, 'Then may the by-standers pray', an example provided stating: 'O Mercifull God, Father of our Lord Jesus, who is the first fruits of the resurrection…we humbly beseech thee to raise us from the death of sin to the life of righteousnesse.' The prayer continued, 'that being partakers of the death of Christ, and followers of his Holy life, we may be partakers of his Spirit and of his promises; that when we shall depart this life, we may rest in his arms, and lie in his bosom.'[9]

The salvation of the sufferer, and the salvation of attendants, was therefore a central focus in such settings. The role of medical attendants was equally significant. As Bayly noted, medical practitioners constituted 'God's instrument', and the treatments they prescribed 'God's Means'.[10] Moreover, as this chapter will demonstrate, medical practitioners often engaged in religious exercises at the bedside. How, then, did this all operate within a confessionally plural society? We might surmise that if sickness became terminal, and therefore concerns of salvation arguably more pressing, co-religionist attendants, both lay and professional, would be favoured. We might presume that if attendants were at odds with the sufferer in matters of faith, interactions would be less religiously charged. Historians have also suggested that as confessional fragmentation sharpened during the late seventeenth century, patients and practitioners progressively gravitated towards co-religionists when seeking or proffering treatment.[11] However, as this study illustrates, things were not so straightforward. Throughout the period healing practices continued to reach across the confessional divide, even during periods of religious and political crisis. The nature of these encounters will be elucidated. So too will those encounters that operated in a more confessionally aligned manner. To do so I focus on three specific areas of family experience: the production and distribution of household remedies, lay practices around the sickbed, and the recourse to medical practitioners.

It might be appropriate to begin by offering a definition of the term 'family'. Finding an adequate definition of the term is difficult. The main challenge is posed by the assumption that there was such a thing as the quintessential 'family': a social unit that was general, definite, and therefore measurable. Given the social inequalities, local and regional diversity, and demographic conditions in the past, it seems unlikely that there could have been a single 'family' experience. And whilst historians by no means deny that families

---

[8] Jeremy Taylor, *The Rule and Exercises of Holy Dying* (1651), Title Page.
[9] Ibid*,* 311, 320.
[10] Bayly, *Practice*, 374.
[11] Peter Elmer, "Medicine, Witchcraft and the Politics of Healing in Late Seventeenth-Century England," in *Medicine and Religion in Enlightenment Europe*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 2007), 223-42; Jonathan Barry, "Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol," in *Patients and Practitioners: Lay Perceptions of Illness in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), 145-77, esp. 164-73.

existed, there has been little consensus on how best to define and therefore approach the topic.[12] In consequence, a range of approaches is being employed, including demographic enquiries focusing on family size, marriage patterns, fertility and mortality;[13] investigations into the life-cycle, economic functions and distribution of resources within families;[14] and more 'qualitative' research into the emotional life, identity and social dynamics of families.[15]

From these various approaches some general conclusions have been drawn. First, scholars have overturned Lawrence Stone's thesis that between 1500 and 1800 massive shifts in world views and value systems engendered a shift in family relationships – from cold, distant and patriarchal to compassionate, loving and affectionate.[16] Instead, highlighting the perennially intimate dynamics within families, *continuity* in the nature of social relationships has emerged as the dominant view.[17] Second, research has demonstrated that the structure of most families in England was nuclear, usually comprising between four and six people.[18] That said, when contemporaries spoke or wrote about the 'family', it was not just the nuclear unit that they had in mind. Very often the term was used to denote the wider 'household', including its diverse dependents such as servants, apprentices and co-resident relatives. Accordingly, Samuel Johnson's *Dictionary of the English Language* (1755) defined 'family' as 'those who live in the same house.'[19] Furthermore, most people experienced family life with more than one family – the birth family, the family in which young people might reside when acting as apprentices or domestic servants, the new family that formed upon marriage, and further families if death of a spouse led to re-marriage.[20] Family, kin and household were therefore not separate entities, but overlapping sets.[21] Attending to this complexity, and seeking to examine contemporary experiences within this context, I employ the term 'family' in its early modern form.

In addition to engaging with contemporary definitions, historians have worked to highlight the political significance of the family, detailing a culture in which the security of the nation was believed to rest on the stability of the family, and where multiple forms of

---

[12] Will Coster, *Family and Kinship in England 1450-1800* (London: Pearson Education, 2001), 6.
[13] E.A. Wrigley and R.S. Schofield, *The Population History of England 1541-1871: A Reconstruction* (London: Edward Arnold, 1981).
[14] See, for example, Steve Hindle, "The Problem of Pauper Marriage in Seventeenth-Century England," *TRHS* 8 (1998): 71-89.
[15] See, for example, Naomi Tadmor, "The Concept of the Household Family in Eighteenth-Century England," *P&P* 151 (1996): 111-40; Bernard Capp, *When Gossips Meet: Women, Family, and Neighbourhood in Early Modern England* (Oxford: Oxford University Press, 2003).
[16] Lawrence Stone, *The Family, Sex and Marriage in England 1500-1800* (London: Weidenfeld, 1977).
[17] Coster, *Family*, 9; Newton, *Sick Child*, 4.
[18] Coster, *Family*, 12-17.
[19]Tadmor, "Household," 111-40.
[20] Berry and Foyster, *Family*, 7-10.
[21] Coster, *Family*, 6.

communal regulation, both official and unofficial, aimed to uphold these ideals.[22] Perhaps most relevant for this study, scholars have also emphasised the ways in which families were embedded in wider networks of kin, friends and neighbours that could provide assistance in times of need, such as sickness.[23] Equally valuable is existing research on the disparities between patriarchal ideals, mediated via sermons and household manuals, and the realities of gender relations within families.[24] This disparity of course raises broader questions about the extent to which other forms of prescriptive advice, like the kind with which this chapter began, were adhered to in practice.

The importance of rooting this investigation in daily life and practice cannot be overestimated. We may currently have a wealth of information concerning the theology of affliction,[25] and a number of studies detailing the nature of domestic medical treatments,[26] but we still know very little about the precise kinships between forms of physical and spiritual care within the household. The ways in which families of different faiths interacted in this context are also not at all evident.[27] By focusing on these themes we can therefore recover a level of historical detail that, to date, remains absent. This approach will also enable us to challenge existing assumptions about the nature of religious and medical care within the domestic setting. Scholars tend to present these forms of care as distinct. The assumption that medical interventions steadily replaced religious responses to illness is also prevalent.[28] However, if we start off from the presupposition that religion and medicine were not separate or oppositional spheres, a significant amount of evidence comes into view.

---

[22] S.D. Amussen, "Gender, Family and the Social Order 1560-1725," in *Order and Disorder in Early Modern England*, ed. Anthony Fletcher and John Stevenson (London: Cambridge University Press, 1985), 196-217.
[23] Berry and Foyster, *Family*, 10-11.
[24] See, for example, Capp, *Gossips*; Amussen, "Gender", 196-217; Barry Reay, *Popular Cultures in England 1550-1750* (London: Longman, 1998), 4-35.
[25] See, for example, John Henry, "The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England," in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989), 87-113; David Harley, "The Theology of Affliction and the Experience of Sickness in the Godly Family 1650-1714," in *Religio Medici: Religion and Medicine in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 1996), 273-92; idem, "Spiritual Physic," 101-17; Andrew Wear, "Puritan Perceptions of Illness in Seventeenth-Century England," in *Patients and Practitioners*, ed. Roy Porter, 55-101; idem, "Religious Beliefs and Medicine in Early Modern England," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands*, ed. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus Publishing, 1996), 145-71; Ronald Numbers and Darrel Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (London: John Hopkins, 1998); Walsham, *Providence*.
[26] See, for example, Lucinda Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge, 1987); Wear, *Knowledge*; Mark Jenner and Patrick Wallis, eds., *Medicine and the Market in England and its Colonies 1450-1850* (Basingstoke: Palgrave Macmillan 2007), esp.1-24 and 133-52; Mary Fissell, "Women, Health and Healing in Early Modern Europe," *BoHM* 82 (2008): 1-17; Elaine Leong, "The Making of Medicine in the Early Modern Household," *BoHM* 82 (2008): 145-68; Lindemann, *Medicine*.
[27] On the need to explore this issue further see Alexandra Walsham, "In Sickness and in Health: Medicine and Interconfessional Relations in Post-Reformation England," in *Living with Religious Diversity in Early Modern Europe*, ed. C. Scott Dixon, Dagmar Freist and Mark Greengrass (Farnham: Ashgate, 2009), 161-83. Francisca Loetz has also encouraged us to think more about how individuals gave confessional shape to their daily lives; see her "Bridging the Gap: Confessionalization in Switzerland," in *The Republican Alternative: The Netherlands and Switzerland Compared*, ed. Andre Holenstein, Thomas Maissen and Maarten Prak (Amsterdam: Amsterdam University Press, 2008), 75-98.
[28] See footnotes 3, 33, 43-54, 60-1 in "Introduction".

Documented in herbals, diaries, letters, sermons, biographies, prayer manuals, and medical guidebooks, this evidence highlights that religious beliefs and practices *formed an integral part of* early modern therapeutics. The impressions of lived experience this material affords also enables us to ask a range of new questions: when a member of a household fell sick, would the family be happy to call upon the advice, emotional support and treatment of people with whom they were at odds in matters of faith? Would a visiting neighbour or practitioner feel comfortable witnessing religious practices around the sickbed which they deemed to be irreverent? And in what ways was domestic healing employed as a means by which to mark out a household's confessional distinctiveness?

I

Before focusing on practices within the household, it is important to establish just how profoundly the language of healing was also the language of faith. In particular, contemporary discussions about selecting therapies and healers could be polemical in nature. The instructions of Richard Greenham and Richard Baxter, with which this chapter began, provide cases in point. The importance of discerning 'good company and bad…in sicknes'[29] was a message that was frequently disseminated, and it was not only mediated via instructional guides. For example, in 1678 the clergyman Vincent Alsop published a tract on *The Preachings and Practises of the Non-Conformists*, in which he derided Catholic physicians, stating 'I once heard a Catholick Doctor Advise his Patient…to be Drunk once a Moneth, though for some it must be once a week, or 'twill not do.'[30] In like manner, a tract of 1681 titled *The Policy of the Clergy of France to Destroy Protestants* noted, 'A Decree that has been lately made to forbid their Midwives, and all others of their Religion to lay Women.' Consequently, 'terrour [was] cast in most places into the minds of most part of their Women with Child. For…there is not one Catholick Midwife who has any skill in that Art.'[31]

Healing practices were described with an equally confessional inflection. Medical tracts on the 'Royal Touch', which detailed Charles II's ability to heal cases of scrofula, commonly known as the 'King's Evil', provide an example.[32] Most notably, the tracts publicised a series of conversions that were said to have taken place following the act. John

---

[29] Baxter, *Directory*, 648.
[30] Vincent Alsop, *A Sober Inquirie into the Preachings and Practises of the Non-Conformists* (1678), 240.
[31] Pierre Jurieu, *The Policy of the Clergy of France, to Destroy the Protestants of the Kingdom* (1681), 42.
[32] From the middle ages it was believed that a touch from royalty could heal the skin disease scrofula, also known as the 'king's evil'. On the topic see Stephen Brogan, "The Royal Touch in Early Modern England: Its Changing Rationale and Practice" (PhD diss., University of London, 2011); Idem, "The Royal Touch," *History Today* 61 (2011): 46-52.

Browne's surgical treatise *Adenochoiradelogia*, published in 1684, recorded such a conversion within a household in Norfolk:

> A Nonconformists Child in Norfolk, being troubled with Scrophulous Swellings, the late deceased Sir Thomas Brown of Norwich being consulted about the same, His Majesty being then at Breda…he advised the Parents of the Child to have it carryed over to the King (his own Method being used ineffectually:) the Father seemed very strange at his advice, and utterly denyed it, saying, The Touch of the King was of no greater efficacy than any other Mans. The Mother of the Child adhering to the Doctors advice, studied all imaginable means to have it over, and at last prevailed with her Husband to let it change the Air for three Weeks or a Month.

The extract continued:

> This being granted, the Friends of the Child that went with it, unknown to the Father, carried it to Breda, where the King touch'd it, and she returned home perfectly healed. The Child being come to its Fathers House, and he finding so great an alteration, enquires how his Daughter arrived at this Health, the Friends thereof assured him, that if he would not be angry with them, they would relate the whole Truth; they having his promise for the same, assured him they had the Child to the King to be touch'd at Breda, whereby they apparently let him see the great benefit his Child receiv'd thereby. Hereupon the Father became so amazed, that he threw off his Nonconformity, and exprest his thanks in this method; *Farewel to all Dissenters, and to all Nonconformists: If God can put so much Virtue into the King's Hand as to Heal my Child, I'll serve that God and that King so long as I live with all Thankfulness.*[33]

Accounts documenting the healing capacities of religious dissidents were equally significant. For example, following the civil war and interregnum, claims of divine healing began to arise in a particularly public way amongst the independent churches, especially Baptists and Quakers. The Baptist adherence to the injunctions set out in chapter five of the Letter to James, which advocated the practice of anointing the sick, provides a case in point. Not only did this controversial healing practice mark Baptists out as a distinct religious group, but when the exercise proved successful, assertions of divine healing were broadcast

---

[33] John Browne, *Adenochoiradelogia, or, An Anatomick-Chirurgical Treatise of Glandules & Strumaes or, Kings-Evil-Swellings* (1684), 187-9.

publically.[34] At the same time, Protestants who actively disagreed with the practice voiced their position, such as the Presbyterian Thomas Edwards, who documented the errors of anointing the sick in his first volume of *Gangraena,* 1646.[35]

Across the confessional divide, Counter-Reformation priests harnessed the culture of miraculous healing in their efforts to defend Catholic doctrines and practices. As Protestant reformers derided the cult of saints, Jesuits in England advertised Catholicism's superior thaumaturgic capacities, offering the sick recourse to martyrs' relics, sacramentals and the intercession of saints.[36] The Jesuit Annual Letters provided a further outlet for discussions of healing in confessionalized terms. The letters began in the early Jacobean period and were designed to highlight the Society's achievements and bolster internal morale. Often, reports focused on the work of Catholic healers. For example, the Letter for 1633 reported that many patients were 'relieved by the use of holy water' including 'A woman, of whose recovery the medical men despaired' and 'A boy, for whose funeral preparations were actually commenced.' Moreover, when 'A girl…became so weak as frequently to faint away her mother was directed as a remedy against the evil, to suspend a copy of the Gospel of St. John to her daughter's neck.' She proceeded to do so, 'and by the help of God, her daughter was happily restored to health.' So they claimed, 'This kind of pious medicine was frequently found to drive away diseases.'[37] The Society further asserted that should the sufferer have a lapse in judgement, and desist from using Catholic remedies, their affliction would worsen.[38]

Not only were sharp distinctions being drawn between confessionally opposed sufferers and healers, but the very language of sickness became a familiar and compelling analogy for both heresy and popish idolatry. As the physician and Protestant reformer William Turner declared in *A New Book of Spiritual Physik*, 1555, Catholicism constituted a 'Romyshe Pockes…a sore disease whych hath reygned longe....[and] is lyke unto the french pokkes.' He elaborated, 'A great outward signe of the french pokkes, is when the nose of a man is almoste all eaten awaye and the patient sneveleth and speaketh evel...[and] I do see dayly manyfest tokens of the Romyshe pokkes.' For example, 'dyverse gentlemens spirituall noses, so quyte eaten awaye, that they can speake nothynge of Goddes worde…but snevel alwayes of...pylgrimages, of ymages, of purgatory, or masses. The Romyshe pokkes hath eaten awaye theyr noses and jugement.' He added, 'For that intent that ye maye save your

---

[34] Jane Shaw, *Miracles in Enlightenment England* (New Haven: Yale University Press, 2006), 33-50.
[35] Ibid, 34-8.
[36] Alexandra Walsham, "Miracles and the Counter-Reformation Mission to England," *HJ* 46 (2003): 779-815; also see Philip Rieder, "Miracles and Heretics: Protestant and Catholic Healing Practices in and Around Geneva," *SHM* 23 (2010): 227-43. Such strategies were particularly focused around exorcisms – a practice that Protestant conformists strongly disapproved of, and following the canons of 1604, made effectively illegal within the framework of the Church of England.
[37] Henry Foley, ed., *Records of the English Province of the Society of Jesus, Volume VII Part II* (1883), 1130-2.
[38] Walsham, "Miracles," 803.

selves from the Romishe pokkes, I muste shewe you certaine other tokens, where by they that are moste infected with the disease, may be knowen, that ye maye avoyde them.'[39]

Adopting a similar approach, the Jesuit Henry Garnet published *An Apology Against the Defence of Schisme* in 1593. Catholic families were instructed that 'Though in such times and places, where the community or most part be infected, necessity often forceth the faithfull to converse with such in worldly affaires, to salute them, to eate and speak with them.' Nevertheless, 'ever in worldly conversation and secular actes of our life we must avoide them as much as we may, because their familiarity is manywaies contagious and noisome to good men.' Furthermore, 'in matter of religion, in praying, reading their bookes, hearing their sermons, presence at their service, partaking of their sacraments and all other communicating with them in spirituall thinges: it is a great deal damnable sinne to deale with them.'[40]

Analogies of disease and contagion persisted into the seventeenth century. In 1661 a letter from an informant, one William Williamson, to the government official Sir John Mennes reported that 'Yesterday there were great congregations of Presbyterians, Anabaptists, and Fifth Monarchy men [in] London.' Williamson recalled 'details of the sermons' that had been delivered at these meetings, 'exhorting people to suffer rather than pollute their consciences.'[41] Similarly reflecting upon the perils of nonconformity, the Anglican physician John Downes penned a treatise on 'the great distractions which variety of Opinion in matters of Christian Religion have occasioned in the world'. The work, composed during the 1660s, derided 'ye godly party as they called themselves…[who] turned Religion so topsy turvy and made such confusion…Poisoning such its first principle (Obedience) with such hitirodox Opinions.'[42]

It is important to note that a number of these works were composed during moments of heightened tension. 1555 marked the revival of the heresy acts under 'bloody Mary', and the first series of executions. 1593 saw the repression of Catholics intensify as the recusancy laws were extended.[43] Works composed during the Restoration convey responses to the upheavals witnessed during the civil war and interregnum. 1678 marked the beginning of the Popish Plot and Exclusion Crisis. In such contexts anxieties about religious heterodoxy flared up, eruptions of hostility and violence could occur, and calls for confessional segregation were amplified and reinforced.

---

[39] William Turner, *A New Book of Spiritual Physik* (Emden, 1555), 72-7.
[40] Henry Garnet, *An Apology Against the Defence of Schisme* (1593), 1-2.
[41] *CSPD Charles II 1660-1661* (1860), 561.
[42] BL, MS Sloane 187, 11r-11v.
[43] Hugh Aveling, *Northern Catholics: The Catholics Recusants of the North Riding of Yorkshire 1558-1790* (London: Geoffrey Chapman, 1966), 173-9.

And yet, despite such tensions, historians have highlighted that the demand for religious segregation laid down in polemical tracts was only applied rigorously by a tiny minority. This research has highlighted some of the practical arrangements whereby families at odds in matters of faith interacted peacefully at local level.[44] At the same time, scholars have recently identified impulses towards religious separation from the 1680s onwards, particularly concerning the selection of marriage partners, godparents and business associates.[45] Nevertheless, when it came to sickness and healing, trends towards separation are less apparent.

As this chapter demonstrates, medical treatment continued to reach across the confessional divide well into the eighteenth century. At the same time, a number of confessionally aligned encounters took place, whereby acts of healing could work to bolster a sense of religious solidarity. This seemingly paradoxical blend may partly be rooted in the fact that tending to the sick was a profoundly religious duty entrenched in notions of Christian obligation. As the clergyman Joseph Glanvill put it in 1669, 'Love obligeth us to relieve the Needy, help the Distressed, [and] to visit the Sick…Our Love ought to extend to all men universally, without limitation.' The obligation was therefore 'not [to] be *confin'd* by *names*…and the *interests* of *Parties*, to the *corners* of a *Sect*: but ought to reach as far as *Christianity* it self, in the *largest* notion of it' for 'the more general it is, the more Christian.'[46] As such, in specific circumstances, a sense of Christian compassion and responsibility ought to override deeply rooted religious prejudices. We also need to acknowledge that the choices made by sufferers and their families were influenced by a variety of factors other than religious affiliation. Varying socio-economic conditions and the availability of practitioners and expertise were particularly significant. For example, when his wife failed to recover from a long-running sickness after recourse to several local practitioners in the winter of 1639, the diarist Henry Slingsby noted: 'I make for a Journey to London: my wife not perceiving any

---

[44]Gregory Hanlon, *Confession and Community in Seventeenth-Century France: Catholic and Protestant Coexistence in Aquitaine* (Philadelphia: University of Philadelphia Press, 1993); W.J. Sheils, "Catholics and their Neighbours in a Rural Community: Egton Chapelry 1590-1780," *NH* 34 (1998): 109-30; Marie B. Rowlands, ed., *Catholics of the Parish and Town 1558-1778* (London: CRS, 1999); Keith Luria, "Separated by Death? Burials, Cemeteries, and Confessional Boundaries in Seventeenth-Century France," *FHS* 24 (2001): 185-222; idem, *Sacred Boundaries: Religious Coexistence and Conflict in Early-Modern France* (Washington D.C: CUAP, 2005); Willem Frijhoff, *Embodied Belief: Ten Essays on Religious Culture in Dutch History* (Hilversum: Uitgeverij Verloren, 2002); Alexandra Walsham, *Charitable Hatred: Tolerance and Intolerance in England, 1500-1700* (Manchester: Manchester University Press, 2006); Loetz, "Bridging the Gap," 75-98; Dixon, Freist and Greengrass, eds. *Religious Diversity*; Benjamin Kaplan et al., eds., *Catholic Communities in Protestant States: Britain and the Netherlands c.1570-1720* (Manchester: Manchester University Press, 2009); Nadine Lewycky and Adam Morton, eds., *Getting Along? Religious Identities and Confessional Relations in Early Modern England* (Farnham: Ashgate, 2012).

[45] Lewycky and Morton, eds. *Getting Along*; Sheils, "Catholics"; Walsham, *Charitable Hatred*. Also see Philip Benedict, "Une roi, une loi, deux fois: parameters for the history of Catholic-Reformed coexistence in France, 1555-1685," in *Tolerance and Intolerance in the European Reformation*, ed. Ole Peter Grell and Robert Scribner (Cambridge: Cambridge University Press, 1996), 65-94.

[46] Joseph Glanvill, *Catholick Charity Recommended in a Sermon…Occasion'd by Differences in Religion* (1669), 5-6.

recovery of her health after so many tryalls with physitians of our country [Scriven, Yorkshire], and desires to go to London were ye best are.'[47] In the light of such variables, Mary Lindemann has rightly emphasised that 'medical choice always has an idiosyncratic character to it, therefore no single example can typify early modern medical decision making.'[48] Adding to this idiosyncrasy, it is important to note that people experienced and expressed their religious identity in highly specific ways. A person's sense of confessional solidarity could wax and wane depending on the precise historical context, as well as local and personal circumstances. Moreover, the religious groups within which people could settle were highly varied, and some individuals were more accepting of interconfessional sociability than others.[49] Attending to these complexities will enable us to generate a far more precise picture of the ways in which religious interests shaped a family's medical practices. It is to these practices that I will now turn.

II

Household Remedies

Historians have demonstrated that medical practice for virtually everyone in early modern England began at home. A variety of homemade remedies were often used, most commonly an assortment of time-tested medicines for everyday ills such as cuts, bruises, colds, coughs, digestive disorders, gout, fevers and minor or chronic aches and pains.[50] Self-help was further supplemented by regular recourse to the medical advice of kin and neighbours. Lay medical practices were therefore intricately embedded in social relations and community experiences, which meant that sentiments of trust and fellowship were deeply important. These sentiments were all the more significant because sickness and healing were conceptualised within a spiritual framework. As Samuel Cradock stated in his popular household manual of 1673, 'no sickness, disease, or distemper of body comes by chance, but by the wise and orderly guidance of the hand of God.'[51] Regarding the application of remedies Lewis Bayly's *Practice of Piety* noted, 'Merciful Father…thy gracious Providence…appointed means which thou wilt have thy Children to use; and (by the lawful use thereof) to expect thy blessing upon thine own means, to the curing of their sickness, and restitution of their health.' Concerning this restitution Bayly added, 'So it would please thee of thine infinite goodness and mercy, to sanctifie this Physick to my use…that it may (if it be

---

[47] Daniel Parsons, ed., *The Diary of Sir Henry Slingsby of Scriven* (York, 1836), 45.
[48] Lindemann, *Medicine*, 243.
[49] See footnotes 109-13 in "Introduction".
[50] Wear, *Knowledge,* 49-103; Leong, "Medicines," 145-68.
[51] Samuel Cradock, *Knowledge and Practice…Chief Things Necessary to be Known, Believ'd, and Practised in order to Salvation Useful for Private Families* (1673), 91.

thy Will and Pleasure) remove this my sickness and pain, and restore me to health and strength.'[52]

Such belief systems underpinned a number of practices that we might term forms of 'religion *in* medicine'. The exercise of praying upon taking physic provides one such example.[53] Indeed, medical attendants recommended the practice, such as the Anglican physician Thomas Willis, who laid out the physiological benefits in his *Practice of Physik*, 1684:

> Truely, almost every body experiences in himself that in strong Prayer, the Blood is more and more heaped up in the Bosomes of the swelling Heart: wherefore, that the Vacuities of the Lungs might be supplied, we breath deeply, and so the Air being more fully drawn in, the Muscles of the Breast, and the *Diaphragma,* are detained almost in a continual *Systole,* or more often iterated; to wit, for this end, that the Vital Blood, to be offered as it were a Sacrifice to God.[54]

The application of prayer was also documented in herbals and diaries. A 'Booke of divers Medecines, Broothes, Salves, Waters, Syroppes and Oyntementes' composed by one Mrs Corlyon of Surrey in 1606 recorded a 'Medecine for those that cannot sleepe'. The recipe included 'woman's milk', red rose water and wine vinegar. The treatment was to be applied to the wrists, temples, forehead and brows, and so the author instructed, 'it will procure sleepe if god please.'[55] Extracts from the diary of Mary Rich (1624-1678), a puritan who resided in Leighs, Essex, are equally revealing. In April 1667 she noted, 'in the morneing committed my Soule to God in a shorte prayer then toke phisike.' That same month 'in the morneing as sone as up prayed to God for a blessing upon my physicke, then toke a potion.'[56] In the spring of 1671, 'in the morneing as sone as upe I prayd to God to bless my phisick and toke a purge.'[57] And in March 1676 'I prayd to G[od] and after I had begd his blessing upon what I was goeing to take in order to my health I toke physicke.'[58]

Descriptions of a remedy's efficacy are also significant. A medical recipe book compiled by the Protestant Darley family of Buttercrambe, north Yorkshire, illustrates the

---

[52] Bayly, *Practice*, 375-6.
[53] The use of prayer presents some interesting theological tensions: according to the doctrine of predestination, God had already decided the outcome of illness, therefore the degree to which Christians could influence their condition through prayer was questionable. Nevertheless, historians have highlighted that at moments of emotional crisis, such theological inconsistencies could easily be forgotten. See Walsham, *Providence*, 152-3.
[54] Thomas Willis, *Dr. Willis's Practice of Physick being the Whole Works of that Renowned and Famous Physician* (1684), 47. This text was first published in 1681, and comprises a translation of works published in Latin by the physician.
[55] WL, MS 213, 19.
[56] BL, MS Add. 27351, 178r-178v.
[57] BL, MS Add. 27352, 167r.
[58] BL, MS Add. 27353, 95v.

case. Composed between 1690 and 1710, the volume contains a list of 'terms used in physick' and a list of drugs sold in London, together with prices.[59] Homemade remedies for bruises, coughs, stomach disorders and dropsy have been noted. It also contains a remedy 'for the pleurisie and all putrification in those parts.' Ingredients included sulphur compound and poppy flower, and it was to be administered 'from half a dram to one dram in water of camomill flower.' The author added, 'It cures the pleurisie…not without the amazement of the bystanders, nor can a more efficacious remedy be given…[it] cures to admiration, being found exhibited, and restores the sick by the providence of God to perfect health.'[60] Similarly, a recipe book compiled by a north Yorkshire family in 1765 noted a 'Divine' remedy made of 'rose water, spring water, Cyprus root, orris root, and cloves…[that] should never be touched but with silver.' It would 'keep forever', and was 'good for a gangrene…and Cancers, for which it is almost infallible.'[61] Since physic was 'God's means', and only He could effect its workings, how did people feel about accepting remedies from those who practised damnable forms of religion? I will return to this issue shortly.

As a fundamental skill practised in largely well-to-do families, the production and distribution of household remedies was widespread. Learned from books, or from friends with whom they exchanged recipes, women and men often documented their remedies in manuscript collections. The vast number of collections which survive today highlights that the maintenance of health was a significant concern, and that the making and prescribing of remedies was a practice lay people shared with practitioners.[62] Household remedies were usually produced in the form of plant-based cordials, syrups or distilled waters and common ingredients included saffron, ivy, nutmeg, cinnamon, rosemary, angelica, poppy and gillyflower. Animal products such as fat, cream and eggs functioned as the bases for healing salves and balms, and the main methods of production were boiling, steeping or distilling. Many of the required ingredients could be sourced from within the household,[63] for example, Lady Margaret Hoby, a Yorkshire gentlewomen practising family physic during the period, grew medicinal herbs in her own garden.[64] Ingredients could also be obtained outside the domestic setting, for instance Elizabeth Freke, an elderly women producing household remedies in rural Norfolk, often purchased distilled waters and herbs from local grocers and apothecaries.[65]

Recent research has demonstrated that we can begin to understand the process of how personalised medical knowledge was constructed by studying the ways in which people

---

[59] NYCRO, ZDA MIC 1224/94/1-20.
[60] Ibid, 61.
[61] NYCRO, MS ZSQ 5/36-37.
[62] Wear, *Knowledge*, 21-4, 49-55, 227.
[63] Leong, "Medicines," 145-68.
[64] Beier, *Sufferers,* 219.
[65] Leong, "Medicines," 159.

communicated information about treatments, especially homemade medicines. Historians have conceptualised this form of communication as an 'exchange relationship' rooted in degrees of trust. That is, much of the credibility that compilers gave to recipes depended on their view of the trustworthiness of the donor. Examining such exchanges can therefore shed light on the relationship between the donor and the compiler, which in most cases was embedded in familial or social ties, thereby placing the exchange within 'safe' parameters.[66] Taking place within 'safe' social parameters, and based on evaluations of a person's trustworthiness, how might the religious identity of a donor or compiler have shaped such exchanges? Moreover, how might confessional affiliations have shaped the actual production and distribution of homemade medicines?

Beginning with the exchange of medical recipes, documented in both personal diaries and recipe collections, there appears to have been no obvious division of communication along confessional lines. William Blundell (1620-1698), a Catholic landowner based at Little Crosby, exchanged information with both co-religionists and Protestants. A number of the remedies compiled were acquired from people within his own confessional group, for example, concerning the health of animals Blundell noted:

> Feed sheep in the house with beans, ground round, and bran…Give them plenty of water and hay and keep them warm. They will feed exceedingly fat in fourteen days…I did once make trial of this, but it did not succeed well. Yet it is most certainly and successfully practised beyond the sea, as I was told at St. Omers by F. John Cary, the minister of the English College, 1660.[67]

The compiler's confidence in this recipe, despite its recently failed application, is clearly rooted in his evaluation of the trustworthiness and experience of the Jesuit John Cary who 'most certainly' had witnessed its success. Nevertheless, the diarist also extended his trust to donors outside the Catholic community. Upon receiving information about a homemade remedy that same year he noted:

> The best cure for a flux of blood is suppositories made of the fat of hung bacon, put up betwixt every stool till you find the effect, which will be complete in two days. If the bacon be reasted, it is rather better than otherwise. This was told me by my old

[66] Elaine Leong and Sarah Pennell, "Recipe Collections and the Currency of Medical Knowledge in the Early Modern 'Medical Marketplace'" in *Medicine*, ed. Jenner and Wallis, 133-52.
[67] T.E. Gibson, ed., *A Cavalier's Note Book: Notes, Anecdotes and Observations of William Blundell of Crosby, Lancashire* (1880), 188.

kind friend Mr. Price, the Protestant Bishop of Kildare, who had good experience of it.[68]

This kind of cross-confessional encounter was certainly not uncommon. The Yorkshire gentleman Sir Thomas Osborne (1632-1712), a committed Anglican, exchanged medical recipes with the Catholic Gascoigne family based in the West Riding.[69] Within his lengthy book of medicines compiled between 1670 and 1695 Osborne listed 'Mr Gascoynes Powder' which provided detailed instructions to 'take crabb clawes…beaten small...then take redd rose or white rose water and putt some saffron into it and let it stand till the water bee turnd yellow.'[70] Similarly, the Protestant Lowther family based at Marske in north Yorkshire exchanged medical recipes with the Catholic Cholmley family, also based in the North Riding.[71] Within the family's book of medicines, compiled during the late seventeenth century, there was a recipe for 'syrip of Elder berries…The way Lady Ann Cholmley taught me.' After documenting how to produce the syrup the compiler reveals their trust in the donor of the recipe, noting 'The Vertue' of its properties, for if the patient 'In ye morning take 6 or 7 spoonfulls…and fast two hours after…it is good for any Collick pains, Scurvy or Dropsy.' Directly below, the compiler recorded a recipe for 'water of Elder berryes by Lady Ann Cholmley'. Once again, they conveyed their trust in the Catholic donor, noting 'I beleve this an exselent holsom water.'[72]

Comparable exchanges took place when contemporaries produced and dispensed homemade medicines. The Catholic landowner of Little Crosby, Nicholas Blundell (1669-1737), produced household remedies on a regular basis, and frequently documented the process in his diary. The remedies were produced in an 'Apothecary Shop'[73] within his household, and he was often visited by tenants, neighbours and friends seeking help with everyday ills. As well as having his own manuscript collection he consulted the recipe books of his wife Frances and his servant Walter Thelwall.[74] His father William Blundell had also been a keen compiler of homemade remedies and it is more than likely his recipe collection would have been passed down to Nicholas.[75]

On a number of occasions we can see exchanges occurring within his own confessional group. He consulted the recipe collections of his wife, and in all probability also

---

[68] Ibid, 193.
[69] For information of the Gascoigne family see Sarah Bastow, *The Catholic Gentry of Yorkshire 1536-1642: Resistance and Accommodation* (Lampeter: Edwin Mellen Press, 2007).
[70] WL, MS 3724, 74v.
[71] For information on the Cholmley family see Bastow, *Catholic Gentry*.
[72] WL, MS 3341, 93v.
[73] Frank Tyrer and J.J. Bagley, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume II 1712-1719* (Manchester: RSLC, 1970), 146.
[74] Ibid, 282, 165.
[75] Gibson, ed. *Cavalier*'s.

those of his father; both were Catholics. As the master of a household attended largely by Catholic servants, he often relied on co-religionists to assist in the making of medicines. For example, he employed his Catholic servant Ned Howerd to help produce a powder for the falling sickness in the summer of 1715, and his Catholic servant Catty Weedow to gather herbs in the family garden 'for Phisick' in the winter of 1718.[76] Moreover, members of the Jesuit mission who presided over services at the Blundell family chapel often sought homemade remedies from Nicholas. In the winter of 1712 Father Turvil consulted him upon experiencing discomfort in his bowels and was promptly prescribed a 'glister'.[77] In December 1719 Nicholas treated Father Aldred who had 'strained his Anclew'.[78] Father Aldred and Nicholas also exchanged household recipes with one another, as the diarist noted during the winter of 1707: 'I Filter'd some Phisick for Mr Tasburgh by directions of Mr Aldred.'[79]

In other cases, however, an interconfessional approach was adopted. When producing 'Eyebright' which required the gathering of copious amounts of herbs, he paid the children of his village to gather the required ingredients for him regardless, it seems, of their religious affiliations.[80] Similarly, when distributing his medicines to sick members of the community Nicholas provided treatments for Catholics and Protestants alike. As the diarist noted in the summer of 1715, he tended to the ailments of the local Protestant parson: 'Parson Wairing called here as he came hom from Ince Bowling-Green to beg some Rue to apply to his Rist in order to cuar his Eye, I gave him some.'[81] Here, relief was extended across the confessional divide during a period of religio-political crisis – the Jacobite Rising. Despite the social tensions which ensued in this context,[82] Nicholas continued to support cross-confessional interactions, as he asserted in a letter to a member of the Jesuit mission at Croxteth in June 1715:

> By some of yours abstaining from harmless and good Company as upon Occasion they have with a great deal of Innocency kept…I do conjecture (Pardon me if I mistake) that it is by your Orders; but this Refusall of their usuall conversation I know is taken very henously, & not without Reason especially by some Parsons who have often ben checked for being so conversant with some of yours, and have

---

[76] Tyrer and Bagley, eds. *Diurnal II*, 137, 233.
[77] Tyrer and Bagley, eds. *Diurnal II*, 45.
[78] Ibid, 277.
[79] Tyrer and Bagley, eds. *Diurnal I*, 152.
[80] Tyrer and Bagley, eds. *Diurnal II*, 34.
[81] Ibid, 135.
[82] In 1715 expeditionary forces in support of the Stuart claimants to the throne landed in Scotland with the intention of marching south to capture London and therefore the entire island. A successful Stuart restoration would have meant the replacement of a Protestant monarchy with a Roman Catholic dynasty. During this time anti-Catholic sentiment rose and the households of Catholics across England were searched, including Nicholas Blundell's. See Linda Colley, "Britishness and Otherness: An Argument," *JoBS* 31 (1992): 309-29; Alan Crosby, "Nicholas Blundell," ODNB, http://www.oxforddnb.com/view/article/59568?docPos=2.

> notwithstanding those Rebukes still desired their Company becaus they find them Men of Parts, good Company and Conversasion, & free from all manner of Vice.

Nicholas persisted:

> But now to refraine their Company at this Juncture, they say is onely because the Priests must cabal amongst themselves and at the least prospect of change condemne those who wish them well & have suffer'd Reproach for speaking well of them… And if these Sivell Persons (in whose power it was to doe diskindness) be exasperated I am afraid it may be of ill Consequence…I suppose the Occasion hereof may proceed from the insinuasions of some who perhaps may spend their time less innocently then those who meet with Parsons & some of the best of the Parish once a week to keep up a good conversation & correspondence…or elce from some doting old Devotes who would have them spend their time like Superanuited Missioners and have no conversation with any but such as come to their Chambers.[83]

One might infer that Blundell's decision to assist Parson Wairing was purely pragmatic, that is, the Catholic healer was seeking to placate the Protestant sufferer, 'in whose power it was to doe diskindness'. However, a closer reading of the diary reveals a rather different situation. Nicholas, in fact, had a particularly close friendship with the parson. When Nicholas fell ill, Wairing was a frequent attendant at his sickbed.[84] The two also paid regular visits to one another's houses, drank together, and played bowls on the village green.[85] So it seems, in particular circumstances, a sense of communal fellowship continued to override that of religious difference. Moreover, since healing was conceptualised as a form of charity best applied in its universal form, distributing medicines to confessional 'rivals' might fulfil a broader sense of Christian duty.

Exchanging homemade remedies, then, was a pursuit rooted in social relations. Dependent on levels of trust between the compiler and the donor of a recipe, or the producer and recipient of a treatment, the encounters cited demonstrate a marked cooperation between families of divergent faiths. Moreover, these patterns of interconfessional sociability remained intact during the late seventeenth and eighteenth centuries, even within tense religio-political contexts. Such exchanges highlight that, at parish level, ties of fraternity had to be weighed alongside those of religious affiliation, and in a number of cases, such bonds transcended the denominational divide.

---

[83] Tyrer and Bagley, eds. *Diurnal II*, 287.
[84] Ibid, 12, 209; Tyrer and Bagley, eds. *Diurnal I*, 123-4, 260.
[85] Tyrer and Bagley, eds. *Diurnal I*, 260; idem, eds. *Diurnal II*, 12, 130, 144, 221.

Lay Practices Around the Sickbed

The sickbed was an emotionally and religiously charged space. As Jeremy Taylor advised in his *Exercises of Holy Dying*, 'let the sick man so order his affairs that he have but very little conversation with the world, but wholly (as he can) attend to religion…[and] in all things, let his care and society be as little secular as is possible.'[86] He continued, let 'standers by…speak more to God for him…to prevail much in behalf of the sick person…that they do all their ministeries diligently, and temperately…with much charity and devotion in prayer.'[87] Since sufferers often diagnosed and nursed their ailments without seeking advice from a practitioner, instead favouring the counsel of a family members or friend, how did lay attendants conduct themselves around the sickbed? How did they ensure that the 'society be as little secular as is possible', and what kinds of practices did this goal necessitate?

Historians have recently emphasised the importance of prayer around the sickbed, as it provided emotional support to patients who would be offered words of encouragement and sympathy.[88] Examples of the practice are numerous. When one Ann Barnardiston of Hackney fell ill in 1681, her chaplain recalled: 'she made those who attended in her Sickness frequently read over the 1 Thess. 4 chap, in the close whereof the glorious Appearance of Christ to Judgement is set forth', and 'desired, that her Mother, and the whole Family, might joyn with her in singing the latter part of the 39 psalm: Ver. 9.40.'[89] The Essex puritan Mary Rich regularly prayed at the bedsides of sick family members, servants and friends.[90] In 1695 the Essex Presbyterian Elias Pledger (1665-1725) recorded in his diary: 'I was raized by an awaking stroke in my child who was seized with a very ill feaver that in 5 or 6 dayes bought him to the gates of the grave tho I bles God who brought him up thence, which I hope was an answer of prayer my wife and I stirred up.'[91] Reflections penned by the Anglican diarist William Coe (1662-1729), of Mildenhall in Suffolk, offer comparable insights. In particular, when members of the Coe family fell ill they would read and recite extracts from prayer manuals together, including those from Samuel Cradock's *Knowledge and Practice*, and Symon Patrick's *Devout Christian Instructed*.[92]

What remains underexplored are the processes by which such religious exercises interacted with, or became *a constituent part of*, the physical care of the body. On a purely practical level, correspondences persistently occurred. For example, when Robert Sanderson (1587-1663), Bishop of Lincoln, fell ill he desired that 'Prayers [be] read to him and a part of

---

[86] Taylor, *Exercises*, 155.
[87] Ibid, 249-305.
[88] Newton, *Sick Child*; Harley, "Theology," 273-93.
[89] John Shower, *The Mourners Companion: Or Funeral Discourses on Several Texts* (1699), 40-1.
[90] See, for example, BL, MS Add. 27351, 36r, 38r, 53v-55v, 123v, 160r, 294r-296v; 27352, 86r-86v, 123r, 144r; 27353, 59r, 102r, 144v; 27355, 33v, 94v, 132r.
[91] DWL, MS 28.4, 74r.
[92] Matthew Storey and David Dymond, eds., *Two East Anglian Diaries 1641-1729* (Woodbridge: Boydell Press, 1994), 238, 250-3, 262-7.

his Family out of the *Whole Duty of Man*.' Sanderson was also exacting about the organisation of his care, desiring 'punctual[ity] in all Actions.' Accordingly, physical remedies were 'appointed to be constantly ready at the ending of Prayers.'[93] On an equally practical note, if a patient wished to carry out religious exercises but was impaired by their sickness, physical assistance was required. The biography of the recusant Lady Montague (1538-1609),[94] written by the Jesuit Richard Smith in 1609, and published in 1627, provides an example. As Smith recalled, during Lady Montague's final illness she 'fell into a Palsy, whereby she lost the motion of the right side of her body…for eleven whole weekes.' In this state 'She heard Masse every day at which time she would be lifted up in her bed' whilst attendants 'did hand at her bed seete a silver Crosse guilded.'[95]

Besides such practical arrangements, attending to a sufferer's spiritual and physical needs necessitated what contemporaries termed a form of 'double care'. These acts of 'double care' highlight that religious beliefs and practices did not simply coexist alongside medicine, or provide alternatives to medicine, but rather, operated at its very heart. The practices of Mary Rich offer a case in point. She was revered as an experienced healer in Leighs and the surrounding towns, as her chaplain noted, she kept a 'Still-house' within her home, and was skilled in the art of both 'Chirurgery and Physick'.[96] Mary regularly tended to the ailments of family members, and was often visited by neighbours seeking treatment. The care she provided was 'double' in nature. When her son fell sick with the small pox during the spring of 1664 she noted in her diary, 'I shute up my selfe with him, doieng all I could for both his Soule and body.'[97] In January 1666 she reflected upon the physical benefits of religious exercise noting 'in the morning…I had for aboute two howres before I ris large meditationes…of all thinges to give ease upon a sicke bed, and my thoughtes run much upon the answeres of the king of Israell…unless the Lord helpe thee how can I help thee.'[98] In April 1667, whilst tending to the ailments of a sick servant, she duly 'went to prayer to God' whilst 'preasently try[ing] all the remedyes I could thinke of to bring him to himselfe.'[99] Attesting this practice, her funeral sermon, penned in 1678 by her chaplain Anthony Walker, recalled 'the double care, both of spiritual and bodily welfare' she had provided for her servants.'[100]

Advice pertaining to health and wellbeing was equally 'double' in nature. That is, a

---

[93] Isaac Walton, *XXXV Sermons by the Right Reverend Father in God, Robert Sanderson* (1681), 47-8.
[94] Lady Montague grew up in Cumberland and moved to Sussex after her marriage, see Richard Smith, *The Life of the most Honourable and Vertuous Lady, the Lady Magdalen Viscountesse Montague* (St. Omer, 1627), 1-7.
[95] Ibid*,* 38-40.
[96] Anthony Walker, *Eureka Eureka, The Virtuous Woman Found her Loss Bewailed, and Character Exemplified in a Sermon Preached at Felsted in Essex* (1678), 97.
[97] BL, MS Add. 27357, 30v.
[98] BL, MS Add. 27351, 56r.
[99] Ibid, 181r.
[100] Walker, *Eureka*, 95.

clear dividing line between matters 'religious' and matters 'medical' simply did not apply. Extracts from the personal papers of John Dunton (1628-1676), an Anglican clergyman who served in Bedford and Huntingdonshire, are revealing. Before his death he compiled a list of advice for his children, one such account titled 'For your Souls'. The list stated 'Strive for those Graces most which concern your Places and Conditions, and make Head against those sins which most threaten you. I was Naturally Melancholy: That is a Humour that admits of any Temptation, and is capable of any Impression and Distemper.' Therefore 'shun as Death this Humour, which will cause in you all unthankfulness against God, unkindness to Men, and inconveniences to your selves.' Furthermore, 'act Religion in your Callings; for it is not a Name or Notion: but it is a frame of Nature and habit of Living.' Accordingly, in the advice he set out 'For your Bodies' Dunton asserted, 'I was troubled with the Stone and Gravel, which was also Hereditary, and therefore you must fear it the more.' He continued, 'the Remedies are (1) Disclaim Hereditary Sins (2) Be more frequent than I and your Grand-Father were in Bodily Exercise (3) Be more moderate in your Eating and Drinking and Sleeping.'[101]

Counsel provided at the bedside was no different. The practices of Mary Rich illustrate the case. An extract from her diary from November 1676 recorded a visit to the bedside of a sick neighbour 'my Old La[dy] Everard'. Here, 'I had with her good discourse, and did advise her having had lately a fitt of an apopleksy to looke upon it as a call to prepare her for her death and to leave off all the Jolly thinges of the world.' Mary's counsel appears to have struck a positive chord with the patient, as she noted, '[I] did advise her…now to be searious in giveinge diligence to make hir calling and her election sure…she resolves to follow my advise.'[102] However, if the religious sentiments of the sufferer and attendant were at odds, tensions could occur. Such tensions in fact erupted between Mary Rich and her husband whilst she nursed him during repeated episodes of gout. As she attended to him in December 1670 she noted, 'I did with some teares beg and perswade him to watch against his passion, and the sad effectes of it and did much presse him to try the sweetness and pleasantness of Relidgion which I did from my own experience assure him wold make him hapy heare as well as heare-after.'[103]

Her counsel was clearly not heeded, and in September 1672, 'In the afternone was tending my sicke Lord…and discoursed…about thinges of his everlasting Consernement and did much presse him to turne to God by repentance…but he not permiting my longer discourse, but forbidding it, I fond my heart in an exstrodinary maner affected with his

[101] John Dunton, *Dunton's Remains, or, The Dying Pastour's Last Legacy to his Friends and Parishioners* (1684), 52-4.
[102] BL, MS Add. 27355, 33v.
[103] BL, MS Add. 27352, 125r.

condition.'[104] An argument erupted between the couple in November that same year, after which Mary reflected: 'Fond with my selfe very much disturbeing melancholy…I…begd God with teares to pardon me if by deasireing my husband should doe what was charitable and fitt I had too much prest his doeing so and had possible made his passion rise higher then else it would have done.[105] A similar exchange took place in February 1672:

> My Lord still being ill I was constant in my attendance upon him and…began to speake to him about the good of his Soule, and deasired him that he wold forbeare his pationate breakings out against God, but he not heareing me, but in very great passion forbidding my speakeing to him aboute it, I instantly held my tonge.[106]

Of course, if such counsel brought forth positive effects, the outcome was rather different. Extracts from the biography of the Suffolk recusant Catharine Burton (1668-1714) highlight the case. The Jesuit Thomas Hunter compiled the biography using passages from Catharine's diary, his own recollections, and witness statements from those who had tended to Catharine upon her sickbed. A number of the diary entries Hunter incorporated concerned sickness, including Catharine's reflections upon an illness she contracted in her twenties, which triggered swellings, stomach pains, loss of appetite, a fever, and a palsy in her left arm. During this time, and following the advice of Father Collins, a member of the Jesuit mission residing in the Burton household, Catharine developed a particular devotion to St Francis Xavier.[107] After beginning a devotion of ten Fridays she 'unexpectedly found the help of the blessed Saint, perceiving some life or agility'.[108] Upon a second devotion she noted: 'So great a joy seized my soul that it diffused itself all over my body, as if new life and blood were infused into me.' Catharine's health continued to improve until 'in short time' she 'was stronger than ever'.[109]

Following this remarkable recovery, a confessionalizing strategy was enacted, whereby the newly healed patient was encouraged to publicise her experience, as she recalled: **'**The noise of my sudden recovery being spread abroad, few would believe it but those that saw and conversed with me. Hence I was advised by my confessor to return the many visits which had been made me in my sickness.'[110] Here, she records a visit to one of her Protestant neighbours:

---

[104] Ibid, 59r.
[105] Ibid, 86r.
[106] Ibid, 133v.
[107] Thomas Hunter, *An English Carmelite: The Life of Catharine Burton, Mother Mary Xaveria of the Angels…Collected from Her Own Writings and Other Sources* (1876), 65.
[108] Ibid, 68.
[109] Ibid, 80.
[110] Ibid, 82-3.

> I found myself moved to go visit one of our neighbours, who had always been kind to us and ready to help…she was so amazed to see me that she could not recover herself…but said if I was the same person…it was the greatest miracle the Lord ever wrought…I understood…that this woman was converted.

Catharine's entry continued:

> This was not the only person thus surprised…They used to follow me and invite me to their houses. I went to see a lady of quality about a mile off. She was so frighted that she was obliged to call for cordials to recover herself…She met me afterwards at the parson's house, and…inquired of him whether he thought miracles were ceased.[111]

Here, we see how the domestic healing process could be used to mark out a household's confessional distinctiveness. Moreover, it could operate as an effective proselytizing tool: news of Catharine's recovery apparently encouraged her Protestant neighbours to re-engage with Catholic belief systems. During her sickness, Catharine's family had also sought help from a range of medical practitioners, and a number of treatments were applied, including 'strong vomits' administered by 'a French doctress' and remedies from a local physician for 'cooling the fever'.[112] The employment of medical practitioners, and their interactions with patients, is the final theme I wish to explore.

Recourse to a Practitioner

How far religious affiliations shaped patterns of employment, and how far practitioners engaged with religious exercises at the bedside, are my central concerns here. Regarding the latter issue, historians have asserted that religion and medicine operated as distinct spheres of activity, and that medical interventions replaced religious responses to illness over the course of the period.[113] Scholars therefore contend that the relationship between religious and medical attendants was, necessarily, competitive and antagonistic. Regarding the 'general proximity of physician and clergyman…at the sickbed', Andrew Wear has argued that 'proximity breeds rivalry', and as the period progressed, 'ministers objected to doctors dominating the sickbed.'[114] Similarly, Peter Elmer has stated that the 'protection of the professional integrity of the Collegiate physicians, particularly in as much as this excluded all

[111] Ibid, 83-5.
[112] Ibid, 41, 50.
[113] See footnotes 3, 33, 43-54, 60-1 in "Introduction".
[114] Wear, "Perceptions," 69-70; also see Webster, *Great Instauration*, 250-64.

outsiders, including clerics, from the legal pursuit of a medical career…was to deprive traditional medical practice and theory in England of any religious content.'[115]

Such accounts often cite polemical works written by early modern physicians, most notably, John Cotta's *Discoverie of…Ignorant and Unobserved Practisers of Physicke* (1612), and James Primrose's *Popular Errors* (1653). Cotta's work derides, in order, 'The Empericke, women their custome and practice around the sick, Surgeons, Apothecaries, Servants of Physitians, Beneficed Practisers, Astrologers, [and] Travellers', who together comprise the 'unlearned counsellours of health [that] at this time overspread all corners of this kingdome.'[116] Likewise, James Primrose condemned 'Apothecaries that practice Physick', 'women that meddle in Physick and Surgery', 'Mountibanks', 'professors of Paracelsus', 'Surgeons', and 'Ministers that practice Physick'.[117] Such objections suggest that calls for professional segregation were not being upheld, and as with all complaint literature, we need to consider the extent to which such prescriptions were adhered to in practice. Historians have already acknowledged the complexities of the 'medical marketplace', which constituted what Patrick Wallis and Mark Jenner have described as an 'emergent, diverse, plural and commercial pre-professional system of health care' in which 'physicians, surgeons and apothecaries melted into each other along a spectrum that included thousands who dispensed medicine full- or part-time.'[118] Historians have also highlighted that cooperation, rather than pure competition, between practitioners was widespread.[119] What remains to be seen, is how practitioners engaged with religious exercises at the bedside, and how they interacted with religious personnel in attendance.

Contemporary manuals provide some initial insights. Regarding the duty of medical practitioners, Thomas Draxe's *Sick Mans Catechism* advised that 'in the absence of Ministers' the practitioner was to 'exhort the sicke to prayer and repentance…[and] when he perceiveth manifest signes of death in the sicke, admonish the sicke of death, that casting of all confidence in outward helpes hee wholy rely upon Gods mercy.'[120] Richard Baxter's *Christian Directory* instructed practitioners: 'Let your continual observation of the fragility of the flesh, and of mans mortality, make you more spiritual than other men.' He persisted, 'Exercise your Compassion and Charity to mens souls, as well as to their Bodies…speak to your patients, such words as tend to prepare them for their change' and 'Think not to excuse your selves by saying, It is the Pastors duty: For though it be theirs ex officio, it is yours also,

---

[115] Peter Elmer, "Medicine, Religion and the Puritan Revolution," in *Medical Revolution*, ed. French and Wear, 10-45, 13.
[116] John Cotta, *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practisers of Physicke in England* (1612), 'The Severall Tractates', 'To the Reader'.
[117] James Primrose, *Popular Errors, or the Errors of the People in Physick* (1651), 8-37.
[118] Jenner and Wallis, eds. *Medicine*, 1.
[119] Patrick Wallis, "Competition and Cooperation in the Early Modern Medical Economy," in *Medicine*, ed. Jenner and Wallis, 47-61.
[120] Thomas Draxe, *The Sick Mans Catechisme, or a Path-Way to Felicitie* (1609), 54-5.

ex charitate.'[121] The Anglican physician Thomas Willis commented upon the care of his patients in a *Practice of Physick*, 1684. Regarding a young woman who was suffering from headaches, catarrh, and a 'convulsive distemper…of her whole body', the physician administered 'godly and discreet speeches' together with physical remedies.[122] Furthermore, concerning the duty of ministers, a tract titled *The Dying Mans Assistant* (1697), advised that 'if the Minister has no knowledge of, or acquaintance with the Sick Person, the first thing he is to do, when he goes to his House, is to get information concerning him, with respect to Qualities and Circumstances.' This included 'whether he has his Senses good and use of his Reason; whether he is at the point of Death…Whether he lies under any secret trouble or affliction; and whether he has his Hearing.'[123] This would presumably encourage the minister to collaborate with a medical practitioner, if present. As this section will demonstrate, collaboration, rather than antagonism, between religious and medical attendants was commonplace. Furthermore, in practice, occupational distinctions could melt away. In a number of cases religious attendants addressed the sufferer's physical ailments, and medical practitioners attended to their patients' spiritual needs.

Regarding collaborative acts, the biography of Lady Montague offers a case in point. During her final years the subject desired to 'piously observe all the fasts of the Lent, the Ember dayes, and whatsoever other' yet 'by privilege of her age [was] exemplified from fasting.'[124] Nevertheless, she wished to persist with this exercise, even during her final illness, which necessitated collaborative counsel from religious and medical attendants. As her biographer noted, 'This humble and obedient Lady, by counsaile of her Phisician, and by admonition of her Confessor in her last infirmity…was perswaded to eate flesh.' She conceded, but did so 'with such caution and feare of scandall, that she commanded her Grandchildren to be out of the way, least being uncapable of understanding the cause wherefore she did eat flesh.' The account continued, 'she did not eat flesh for gluttony, or in contempt of the precept of the Church, but rather in obedience to the Church, which, by counsaile both of the spirituall and temporall Phisitians, giveth leave to the infirme to eat flesh.'[125]

An extract from Nicholas Blundell's diary demonstrates further collaborative acts. Throughout the month of January 1710 the author was suffering from severe discomfort in his eyes. Symptoms were so severe that he was confined to his bed for two weeks during the daytime, as his eyes were sensitive to light. He called upon the assistance of one Dr Smithson for medical treatment to the cost of 10*s* 10*d*, and was prescribed 'Blistering plaisters' and

---

[121] Baxter, *Directory*, 43.
[122] Willis, *Practice*, 60.
[123] Anon, *The Dying Man's Assistant* (1697), B4.
[124] Smith, *Viscountesse Montague,* 32.
[125] Ibid, 24.

'Eye Water'. The doctor also made a personal visit to the household, as the patient noted 'Dr Smithson came to see me, and let me Blood, he lodged here.'[126] Alongside the assistance of the medical practitioner Father Aldred, the family chaplain, both attended upon the patient and collaborated with the physician. As Nicholas noted, on the 5th January 'Mr Aldred put oyl'd paper over the Window he kept me company all the after noone', and on the 17th 'Mr Aldred shaved my head and put on three plaisters which he brought from Dr Smithson.'[127] This was not the only occasion when religious attendants engaged in the physical care of the sick body. In the spring of 1712, when Nicholas Blundell's daughter Fanny fell sick, she was attended to by the Jesuit missionary Father Tasburgh.[128] Similarly, when his wife fell ill in June the following year with 'a sevear Night of Gravell' Nicholas sent for the assistance of the family chaplain.[129] Across the confessional divide, religious attendants followed suit. For example, when the Essex puritan Mary Rich was suffering from a severe bout of melancholy following the death of her son in 1664, her chaplain Dr Walker advised her 'to go and drinke the waters of Epsome and Tonbridge to remove that great paine I had got constantly.'[130]

Medical practitioners were, correspondingly, engaged in spiritual affairs. When Mary Rich's son had fallen sick several years prior, she noted in her diary: '[I] presently reatired to God and by earnest prayer begd of God to restore my Child…this prayer of mine God was so Gratious as to grant and of a sodden began to restore my Child.' Concerning the response of the practitioner in attendance, 'the docter himselfe did wonder at the sodden amendment he saw in him and so fild me then with gratefull thoughtes.'[131] Similarly, when the Suffolk recusant Catharine Burton fell ill during her childhood the doctor in attendance 'said I was too weak to be blooded…[and] seeing these extremities thought it impossible for me to recover.' Therefore, 'When my fever increased to a high degree, and my body swelled half way up my stomach, insomuch that it was troublesome for me to bear the bedclothes…The doctor then thought I could not hold out long…hence he ordered me the Last Sacraments out of hand.'[132]

A series of surgeons' and midwives' nominations from the Diocese of York further demonstrate that engaging with spiritual affairs was a recommended practice. A 1679 nomination for the surgeon John Wilkinson of Whitby, signed by ten of his patients, noted that the practitioner 'wrought many notable cures and besides hath demeaned himself very piouslie amongst us, and in a Religious and honest Course of life and Conversation.'[133] A 1704 nomination for the surgeon Robert Malyn of York, signed by 'John Bee M.D.', noted

---

[126] Tyrer and Bagley, eds. *Diurnal I,* 241.
[127] Ibid, 241-2.
[128] Ibid, 12.
[129] Ibid, 65.
[130] BL, MS Add. 27357, 32r.
[131] Ibid, 19v-20r.
[132] Hunter, *Catharine Burton*, 49-63.
[133] BI, MS Nom.Sur 1679/2.

that he 'has for serverall yeares last past practised Chirurgery with good success and by the assistance of Almighty God hath healed and cured serveall persons disperately wounded and afflicted with sickness.'[134] A 1684 nomination for the midwife Alice Harrison, signed by her patients, stated that 'having practised with good successe we who have experienced her skill and dexterity and examined her judgement hope that for the future she may be useful and (under God) an instrument of good amongst us.'[135] A 1732 nomination for the midwife Mary Johnson assured that she was of an 'unblemished character…pious, discreet, and virtuous.'[136] Likewise, a 1733 nomination for Mary Lambert of York, also signed by her patients, noted that by 'vertuous Conversation she hath laid us severally of child.'[137]

These extracts resonate with manuals that were published by, and for, practitioners. For example, in a medical guide that ran through eight editions between 1651 and 1681, the practitioner Thomas Burgis advised surgeons to 'be honest, having a good conscience, doing nothing in his profession…which may be offensive either to God or man.' Moreover, 'let him be godly…towards his poor Patients…regarding wholly what they stand in need of, alwayes having God the searcher of all hearts and judge of all actions, before his eyes.'[138] Regarding how this might be applied practically Burgis noted, 'Never administer any medicine, but first make thy supplication to the Almighty for his Assistance to thine endeavours: and whensoever thou hast cured any patient, forget not to give him humble thanks…in restoring health to the sick.' If practitioners failed to do so 'the divine Art is thereby scandalized'.[139] This seemed especially important when surgeons performed amputations, as Burgis stated, 'Of the dismembering-Saw this is the instrument which the Artist shall never use without terrour, knowing that the subject whereon he is to work is the most precious of all the creatures of God.'[140]

Contemporary descriptions of medical practice are equally revealing. In 1697 the Anglican physician Robert Pierce (1622-1710) noted in a work on the medicinal waters at Bath 'that I as constantly did, and do, pray for my Patients, as for my Self, my Wife and Children…to the Great God that heareth Prayers, and unto whom all Flesh should come by Prayer.'[141] He continued, 'I pray'd for my Patients in some such words as these':

> Thou that dost enwrap all the little Designs and Contrivances of the sinful Sons of Men, within thy great Providence, and dost order them to what End seemeth good to Thee;

---

[134] Ibid, 1704/1a.
[135] BI, MS Nom.M 1684/2.
[136] Ibid, 1732/2.
[137] Ibid, 1733/2.
[138] Thomas Burgis, *Vade Mecum or, a Companion for a Chyrurgion* (1651), 6.
[139] Ibid, 11.
[140] Ibid, 143.
[141] Robert Pierce, *Bath Memoirs: or, Observations in three and forty years practice, at the bath what cures have been there wrought* (1697), 392-3.

order it by thy Providence, that it may be to thy Praise; Encline me more and more to the Study and Practice thereof, enable me, more and more, to a Knowing, Conscionable, Careful and Successful Discharge of the Duties thereof, suffer me not to undertake any thing therein, but in thy Name, and in thy Fear; Suffer not any that come to me for the means of Ease, or Health, or Help or of Recovery, to trust in me, or in the Means, but to seek first to Thee, and then to the Physician…If thou otherwise determine, concerning any one or more of them, to continue their illness to them, or take them away by it, Thy Will, not Theirs or Mine be done...But if thou please to give in any thing of Ease, Health, Strength, or Recovery by my Means, if at any time thou hast so done, or shall so do, let all be acknowledged from thy Gift, and used to thy Glory.[142]

James Janeway (1636-1674), a Presbyterian minister operating in the south-east of England, described the practices of an apothecary, one Thomas Mowesley, in a funeral sermon of 1669. So Janeway recalled, Mowesley 'was very spiritual in his discourse, and by that he put life into most of them that conversed with him…he studied Mr. Herbert Palmer's little Book about making Religion ones business, and he did in a great measure put it into practice.' For example, 'When he went to any of his Masters Patients, how diligent in using of means for their recovery, and how careful to drop something that might tend to the health of their souls, and as he had opportunity amongst the weaker and poorer sort, he would pray with them.' The account concluded, **'**I need not tell some of you, how helpful he hath been to the bodies and souls of the sick, and upon this account he looked upon it as a great mercy that the Lord had called him to such an employment, wherein he had such singular advantages to deal with souls about the affairs of Eternity.'[143] Likewise, a funeral sermon penned by 'T.Wood' for the Methodist surgeon 'Mr N. Aspen' of Rochdale, 1798, noted 'When called out, particularly on the midwifery business, it was usual with him, either before or after delivery, to acknowledge God, and call upon him for help, or return him thanks for mercies received; and so directed all around him to God, in Christ.'[144]

Of course, such acts require us to think about how practitioners operated within a multi-confessional society. The latter two examples illustrate the work of a nonconformist apothecary and a nonconformist surgeon. Would dissident practitioners such as these be employed by confessional rivals? And if they were, would they still engage in religious exercises around the sickbed? The answer is, unsurprisingly, complex. In some instances co-

---

[142] Ibid, 393-6.
[143] James Janeway, *Death Unstung, A Sermon Preached at the Funeral of Thomas Mowesley, an Apothecary* (1669), 77-8.
[144] T. Wood, *A Sermon Preached on the Death of Mr N. Aspden, Surgeon, Before a respectable Audience in the Methodist Chapel* (Rochdale, 1798), 44.

religionists gravitated towards one another. Henry Sampson (1629-1700), the ejected minister and later MD based in London, tended to practise amongst fellow Presbyterians. As he noted in his day book in October 1694, he treated a number of Presbyterian ministers including 'Mr Mayo, Mr Lawrence, Mr Ments, Mr Baker…Mr Miles, Mr Chester, Mr Rathband, Mr Kenricksen, Mr Stepford [and] Mr Chester.' Regarding those who had passed away Sampson added, 'Oh how many of my friends, and patients goe to heaven before me!'[145] Further expressing his religious convictions, the physician recorded a series of providential judgements against men who had been 'very active against conventicles', including one who developed painful swellings upon his arm, shoulder and head 'so that his tongue began to swell prodigiously.'[146] Sampson duly engaged in acts of 'religion *in* medicine', as the author of his funeral sermon noted:

> That Calling gives very great opportunity to Men's Souls; and, I know, it hath been improv'd by some, to discourse, and to pray with their dying Patients; and when their Art could not immortalize their Bodies, they did all that in them lay, for the Saving of their immortal Souls. And this I have reason to think was a great part of the Practice of this worthy Man.[147]

Across the confessional divide, Catholic patients also employed a number of co-religionists. For example, William Blundell's regular physician, Dr Thomas Worthington, was included in the diarist's 'list of Popish Recusants of the greatest quality in the county.'[148] Similarly, his son Nicholas Blundell employed several Catholic practitioners within the county, including the son of his father's favoured physician, Dr Francis Worthington, and the Catholic physician Dr Lancaster. Members of the Jesuit mission also visited the diarist's household in order to be treated by these practitioners. For example in March, 1715, Nicholas documented a visit from Father Gelibrand who 'came to stay some dayes…being…much out of order' during which time he received medical treatment from Dr Lancaster.[149]

That said, in many cases recourse to a practitioner operated along interconfessional lines. The Protestant landowner of Downham, Nicholas Assheton, recorded a series of such instances in his diary. During the winter of 1618 he documented the final sickness of his puritan mother-in-law, Mrs Christian Greenacre, who 'dyed at York' on October 17. Interestingly, the physician listed as having presided over Mrs Greenacre's deathbed was 'Dr

---

[145] BL, MS Add. 4460, 52v-53r.
[146] Ibid, 56v.
[147] John Howe, *A Discourse Relating to the Expectation of Future Blessedness with an Appendix* (1705), 85.
[148] Gibson, *Cavalier's*, 166.
[149] Tyrer and Bagley, eds. *Diurnal II,* 127.

Wadko, Polonian'.[150] This was the reputed Dr Alexius Vodka, a recusant physician who ran a practice in St Saviour's Parish, York. To date, historians have contended that Vodka practised amongst Catholics exclusively,[151] yet it appears the physician also operated outside his confessional community. For example, during the spring of 1619 Dr Vodka treated Richard Greenacre, a committed puritan and the husband of his previous patient.[152]

The practices of Sir Humphrey Mildmay (1592-1666), of Danbury in Essex, provide another example. Mildmay, who regularly served as a JP and held the office of sheriff in the year 1636, kept a diary between 1633-1652. Despite being a committed Anglican and ardent royalist supporter, his selection of medical practitioners was not determined by his religious or political convictions. For example, Mildmay often called upon the services of the nonconformist physician Dr John Bastwick.[153] Bastwick, an Extra-Licentiate of the College who practised at Colchester, was brought before the High Commission Court in 1633 for publishing his Presbyterian book *Flagellum Pontificis.* He was fined 1000 pounds, sentenced to be excommunicated, debarred from the practice of physic, and ordered to remain in prison at the Gatehouse until he recanted.[154] In spite of these occurrences, Mildmay not only proceeded to visit his physician regularly in prison, but also appears to have sought further medical advice and treatment. On the 18 February 1635 Mildmay notes 'I went to ye gatehouse att westm to visit Dr Bastwick.'[155] That same month 'Dr Jo: Bastwicke gave me one of his bookes att ye gate-house.'[156] In April 1635 Mildmay recalls 'I tooke an Electuary of the direction of Dr Dorislaus and went abroade with him after dinner to Dr Bastwicke,' one might assume to both visit his friend and seek medical advice when sick.[157] Furthermore, in November Mildmay records that he 'went in the dark to Whitehall [to see] Dr Bastwike and soe retourne with a dose and salts.'[158]

Help sought by the Catholic landowner Nicholas Blundell is equally revealing. Whilst he employed a number of co-religionists, namely Dr Worthington and Dr Lancaster, he also invited practitioners from across the confessional spectrum into his home. For example, he regularly called upon the aid of a local Baptist apothecary-physician, Dr Fabius. In January 1704 he noted: 'My Wife sent to Doctor Fabius, he said she was with Child.'[159] The next month 'My Wife took her first dose of Purging Salts from Dr Fabius.'[160] In the summer of

---

[150] F.R. Raines, ed., *The Journal of Nicholas Assheton* (1848), 109.
[151] J.C.H. Aveling, *Catholic Recusancy in the City of York 1558-1791* (London: CRS, 1970), 85.
[152] Raines, ed. *Nicholas Assheton,* 122, 129.
[153] Philip Lee Ralph, *Sir Humphrey Mildmay: Royalist Gentleman, Glimpses of the English Scene 1633-1652* (New Brunswick: Rutgers University Press, 1947), 38, 149.
[154] MR, "John Bastwick," http://munksroll.rcplondon.ac.uk/Biography/Details/284.
[155] BL, MS Harley 454, 10r.
[156] Ibid.
[157] Ibid, 10v.
[158] Ibid, 12v.
[159] Tyrer and Bagley, eds. *Diurnal I,* 51.
[160] Ibid, 52.

1704 'I went to Low Hill to the Doctors – Dr Fabius for casting Water 6*d.*'[161] Moreover, in August that same year a Jesuit missionary staying in the Blundell household was treated by the Baptist physician: 'Dr Fabius came to see Pat: Gelibrond.'[162]

In such cross-confessional settings, would the practitioner continue to engage with religious exercises at the sickbed? Whilst it is difficult to generalise, the diary of the Suffolk recusant Catharine Burton offers some initial insights. In her early twenties, on returning from a pilgrimage to a Well of our Lady with her father, Catherine fell into a ditch and put her hip-bone out of joint:

> I was in great pain all night, and in the morning found I was not able to walk. My father and friends were much troubled at the accident, and he immediately sent for a woman very expert in surgery. As soon as she examined it she said it would be a hard cure, and made me keep my bed for ten days, applying all sorts of remedies but without any effect.[163]

As previously mentioned, a few years earlier Catherine had suffered from a lengthy illness and developed a particular devotion to Saint Francis Xavier.[164] Upon displacing her hipbone, and the failure of 'all sorts of remedies' applied by the surgeon, the medical practitioner prescribed the same spiritual remedy. As Catharine recalled:

> Despairing of my cure, she bid me apply myself to my doctor that had cured me before, meaning St. Xaverius. This she seemed to say with great confidence, *though she was a rigid Protestant*. I followed her advice, and was often much confounded to think that she should be the first that proposed this to me.[165]

In this instance, the patient's family was happy to employ a practitioner irrespective of their religious identity, in the hope that expertise and a cure might be acquired. Moreover, the practitioner's own confession did not preclude their advocating religious practices with which they were, officially, at odds: here we see a Protestant surgeon advising her patient to invoke the aid of a saint.

Following this advice Catherine's condition worsened so much so that her father resolved the next morning to send 'for a man surgeon'. Once again, the practitioner engaged with religious practices:

---

[161] Ibid, 59.
[162] Ibid, 64.
[163] Hunter, *Catharine Burton*, 86.
[164] Ibid, 64-5.
[165] Ibid, 86-7 [italics my emphasis].

> I called him to my bedside, acquainted him that I was beginning a devotion to St. Xaverius, and begged that no other remedy might be applied, promising that if I were not cured at the end of ten days, I would undergo whatever should be thought fit. Moved with tenderness he condescended to my petition, and with leave of my confessor I began my devotion.[166]

Conclusions

Contrary to existing accounts, religious beliefs and practices constituted an integral part of medical work throughout the period, from household physic to the pursuits of qualified practitioners. Examining medical practices within the family sheds invaluable light on this process. Household remedies were embedded in a spiritual framework: God had to sanctify the remedy in order for it to take effect, and patients were required to pray upon its application. Lay practices around the sickbed were, as contemporaries put it, 'double' in nature. Furthermore, medical practitioners persistently engaged with spiritual exercises at the bedside.

The profoundly religious environment of the bedchamber, and the expressly Christian framework within which healing was situated, meant that the impact of confessional affiliations was markedly complex. At times, sufferer and healer were co-religionists. In specific circumstances this enabled actors to express their profound sense of religious solidarity, as in the case of the Presbyterian physician Henry Sampson. Moreover, forms of religious healing, such as the devotion to Saint Xavier applied by Catharine Burton, could be broadcast within the local community to mark out a family's confessional distinctiveness. Nevertheless, interconfessional encounters continued well into the eighteenth century. So it seems, the religious identity of a practitioner did not necessarily influence their eligibility for employment. Neither, for that matter, did it necessarily exclude them from participating in religious healing practices with which they were at odds; as in the case of Catherine Burton's Protestant surgeon, who apparently advised her patient to invoke the aid of a Saint.

The provision of aid across the religious divide suggests that healers may have felt bound by the Christian duty of charity to continue treating those who espoused rival beliefs. Acts of interconfessional healing were also rooted in the close relationships that continued to operate between individuals of opposing faiths, as in the case of the recusant Nicholas Blundell and the Protestant Parson Wairing. Furthermore, whether aid was provided amongst co-religionists, or across the confessional divide, the evidence presented suggests that religion and medicine did not constitute separate, or oppositional, spheres. Clerical and medical

---

[166] Ibid, 87-8.

attendants were not constantly vying for control of the sickbed, medical interventions did not replace religious responses to illness, and strict divisions of labour simply did not apply. We therefore need to move away from thinking in terms of rigid professional categories – the practitioner's domain the body, and the minister's domain the soul. The next chapter considers this issue in further depth.

Chapter Two

"The Office of a Physician": Doctors and their Communities

> Phisicke and Diuinitie are Professions of a neere affinitie…Let the professions be *heterogena*, different in their kindes; onely *respondentia*, semblable in their proceedings. The Lord *created the Physitian*…put into him the knowledge of Nature, into this the knowledge of grace…The good Physitian acts the part of the Diuine…[and] may apportion to himselfe a great share in it. Who may better speake to the soule, then hee that is trusted with the body? Or when can the stampe of grace take so easie impression in mans heart, as when the heat of Gods affliction hath melted it?
>
> Thomas Adams, *The Devills Banket Described in Foure Sermons* (1614), 221-4.

So wrote Thomas Adams, Church of England clergyman and esteemed preacher, in his reflections upon 'the diseases or sicknesses of the world.'[1] These reflections introduce some of the central themes I wish to explore in this chapter, namely, the extent to which physicians acted 'the part of the Diuine' in their daily medical practices; and the manner in which they spoke 'to the soule[s]' of their patients in this context. In addition to examining the ways in which physicians engaged with religious beliefs and practices in an occupational setting, I also consider the significance of physicians' confessional identities. How far did their religious affiliations shape their social networks and social relationships, especially with clients and fellow practitioners? These issues will be examined through three different optics: self-presentation; collaboration between physicians; and the interactions between physicians and their patients.

Each of these optics highlights forms of day-to-day practice within social communities. Thinking about the nature of social communities, and a physician's conduct within them, is a particularly useful way of framing the investigation. It encourages us to think about how physicians experienced their religious and professional lives, which involved their participation in a series of overlapping communities. For example, Sir John Micklethwaite, a physician who treated patients from both Yorkshire and Essex, was a member of the parish of St Botolph's, Aldersgate; a member of the Royal College of Physicians; a physician to Christ's Hospital from 1669; a physician to Charles II's household; and was a committed Presbyterian closely associated with nonconformist divines, such as Richard Baxter and Thomas Jacombe. Focusing on the ways in which physicians operated

[1] Adams, *Devills,* 204.

within these overlapping communities enables us to examine how they managed, often with extraordinary subtlety, their various emotional, religious and occupational commitments in everyday life. Furthermore, it provides an opportunity to study the specific contexts in which physicians chose to affirm their religious beliefs; and how such affirmations shaped, and often became a constituent part of, their medical practices.

This approach departs from the majority of existing work that focuses on the religion of early modern physicians. It does so in two ways. First, existing scholarship predominantly aims to track correlations between physicians' religious *beliefs* and medical *ideas*, particularly cosmological theories.[2] When considering how theological commitments shaped natural philosophical accounts, some historians have also focused on political views. For example, Charles Webster has charted supposed interconnections between a practitioner's radical religion, natural philosophy and revolutionary politics. Seeking to highlight how religious and political convictions determined people's philosophical orientations, he concludes: 'the scientific literature of the Puritan Revolution helped to create a climate of opinion favourable to the philosophical programme of the early Royal Society.'[3] A striking feature of such accounts is that they give primacy to intellectual concerns rather than to everyday experiences. As a result, our knowledge of the social communities in which physicians participated, and how their religious beliefs shaped this participation, concentrates largely on intellectual exchanges within academic or medical institutions – the university, the hospital, the Royal College of Physicians, the Royal Society.[4] We know far less about how a physician's religious affiliations shaped their conduct in more day-to-day settings – the parish, the local church, the household, the sickbed, the deathbed.

By focusing on occupational practices within day-to-day settings, and examining the

---

[2] John Henry, "The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England," in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989), 87-113; David Harley, "Spiritual Physic, Providence and English Medicine 1560-1640," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 101-17; Charles Webster, "Paracelsus Confronts the Saints: Miracles, Healing and the Secularization of Magic," *SHM* 8 (1995): 403-21; Andrew Cunningham, "Sir Thomas Browne and his Religio Medici: Reason, Nature and Religion," in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Ashgate: Aldershot, 1996), 12-61; Andrew Wear, "Religious Beliefs and Medicine in Early Modern England," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands*, ed. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus, 1996), 145-71; Andrew Cunningham, *The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients* (Aldershot: Scolar, 1997), esp. 200-67; Penelope Gouk, "Harmony, Health and Healing: Music's Role in Early Modern Paracelsian Thought," in *The Practice of Reform in Health, Medicine and Science, 1500-2000*, ed. Margaret Pelling (Aldershot: Ashgate, 2005), 23-42.

[3] Charles Webster, *The Great Instauration: Science, Medicine and Reform 1626-1660*, *Second Edition* (Bern: Peter Lang AG, 2002), 491.

[4] Idem, "Henry Power's Experimental Philosophy," *Ambix* 14 (1967): 150-78; William Birken, "The Royal College of Physicians of London and its Support of the Parliamentary Cause in the English Civil War," *JoBS* 23 (1983): 47-62; Craig Rose, "Politics and the London Royal Hospitals, 1683-1692," in *The Hospital in History,* ed. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), 123-49; Vivian Nutton, "Wittenberg Anatomy," in *Medicine*, ed. Grell and Cunningham, 11-32; Ole Peter Grell, "Caspar Bartholin and the Education of a Pious Physician," in *Medicine*, ed. Grell and Cunningham, 78-100; Harold Cook, "Institutional Structures and Personal Belief in the London College of Physicians," in *Religio Medici*, ed. Grell and Cunningham, 91-115.

manner in which confessional identities shaped such practices, we can begin to build up a more detailed historical picture. Such an approach is also useful since a physician's religion was arguably not something they grappled with chiefly because it posed intellectual challenges, but rather, because it was a major facet of their existence, integrated into all aspects of their lives in a specific manner dependent on the social setting.[5] Focusing on lived religion therefore resists the tendency to draw schematic correlations between religious beliefs and philosophical orientations, which frame the physician's engagement with religion as some form of strategic alliance based on an intellectual relationship with nature. Furthermore, in light of recent research which demonstrates that shifts in a practitioner's theoretical outlook did not necessarily engender shifts in their medical practice,[6] further research into physicians' belief systems, and the specific ways in which such belief systems were expressed in practice, is needed.

Second, it questions some particularly well-established assumptions within the historiography. As already discussed, this concerns the premise that religion and medicine can be categorised as two distinct spheres of activity during the period, and that religion was gradually supplanted by medicine.[7] Regarding the latter, much existing scholarship has sought to chart the rising dominance of the medical professions in society. As a result, narratives that concern processes of medicalization often intersect with narratives that concern processes of professionalization, that is, the manner in which the number of professionals within a specific occupational group increased, the growth of professionalism within that group, and consequently, the rise of their authority and power.[8] The concept of professionalization has received marked criticism in recent years, particularly concerning its applicability to the study of early modern medical practitioners. Margaret Pelling has asserted that the term 'medical occupations' is preferable due to the size, structure, heterogeneity of wealth and status, lack of precise divisions, and inapplicability of full-time vocational ideals later embraced by professions.[9] The concept of an early modern 'medical marketplace' has also worked to highlight the anachronism of professionalization models.[10] Despite these useful correctives, assumptions about the rising dominance of medical theories and practices, and the manner in which they supplanted religious ones, persist. Perhaps this is partly due, as David Gentilcore has argued, to the fact that the 'marketplace' model

---

[5] Ludmilla Jordanova, "Richard Mead's Communities of Belief in Eighteenth Century London," in *Christianity and Community in the West*, ed. Simon Ditchfield (London: Ashgate, 2001), 241-59.
[6] Steven Shapin, "Descartes the Doctor: Rationalism and its Therapies," *BJHS* 33 (2000): 131-54.
[7] See footnotes 3, 33, 43-54, 60-1 in "Introduction".
[8] See Terrence Johnson, *Professions and Power* (Essex: Anchor Press, 1972).
[9] Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640* (Oxford: Clarendon Press, 2003), 12-13.
[10] Harold Cook, *The Decline of the Old Medical Regime in Stuart London* (New York: Cornell University Press, 1986). Also see Mark Jenner and Patrick Wallis, eds., *Medicine and the Market in England and its Colonies 1450-1850* (Basingstoke: Palgrave Macmillan, 2007), 1-24.

unhelpfully obscures religious explanations of, and remedies for, disease.[11]

Bringing religion to the fore is a good starting point. But in order to challenge the assumption that religion and medicine functioned as separate spheres of experience and conduct, we need to examine the ways in which religious beliefs and practices shaped, and *formed a constituent part of*, medical responses to illness. Thinking about how a physician's religious convictions shaped their occupational practices requires us to consider the significance of personal interests, which can be problematic. Giving priority to interests can often result in schematic explanations, as seen in purported correlations between religious, medical and political views.[12] In order to understand the significance of interests in relation to medicine, we therefore need to develop more complex models of how they work. We need to consider the ways in which interests were expressed in practice, and examine the precise circumstances in which this occurred. Moreover, we need to acknowledge that individuals had numerous, and at times conflicting, interests. As a result, the degree to which people expressed them was highly varied. Asserting one's interests was also dependent on the specific historical and social context. Regarding religious interests this was especially pertinent, for at times of heightened tension, the decision to profess one's confessional convictions became all the more complex.

Before examining these processes in detail, a brief word about the individuals being studied, and the kinds of evidence I am using, is necessary. It is important to note that social interactions involving collegiate physicians form only a small segment of the day-to-day exchanges between patients and practitioners. That said, as physicians were a relatively distinct group, who were by definition literate, and relatively likely to leave traces in the historical record, they seem the most promising type of practitioner to study in depth. The religious identities of the physicians considered here range widely across the confessional spectrum, in particular, four members of the Church of England – John Downes (c.1627-1694), Henry Power (1626-1668), Edward Browne (1644-1708), and Thomas Wharton (1614-1673); one Presbyterian – John Micklethwaite (1612-1682); one Quaker – Albertus Otto Faber (d.1684); and three Catholics – Thomas Cademan (1590-1651), Alexius Vodka (d.1666), and Christopher Love Morley (b.1645). Different forms of life writing comprise the central evidence – letters, diaries, commonplace books, and medical casebooks – material, which affords the most detailed information concerning physicians' day-to-day practices. Such research does not lend itself easily to neat generalisations, and with the physicians I have looked at, no neat model, or pattern, emerges, to which all behaviours and practices conform. That said, case studies such as these enable us to recover a level of detail

[11] David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), 2-3.
[12] See footnotes 2 and 3.

that deepens our understanding of the ways in which physicians experienced their religious and professional lives. Moreover, despite the varied nature of individual cases, the one general statement I think we can make is that spiritual care formed an integral component of the physician's office.

I

First, I want to establish the ways in which physicians operated as a relatively distinct group in society, and consider the nature of official responses to religious dissidents who practised medicine. Regarding the former, there were several ways in which physicians marked themselves out from other medical practitioners, starting with their university education. Harold Cook has discussed the significance of a physician's university education in relation to concepts of good character. Learning and character were closely associated since higher education was thought to procure not only knowledge, but a sound moral character shaped through the discipline and habit of learning. The ability to provide good judgement, good advice, and to act in a trustworthy manner were expected to follow in turn. Cook paints a rather ideal picture of this distinction: 'the grave, dignified and serious manner of the physicians, their dark dress topped on special occasions by the long gown of the university man, their Latin speech and ponderous silences, all betokened men of learning and virtue.'[13] This clearly touches on themes of self-presentation and the forging of medical identities. Recent work in this area has examined how physicians were represented as men of learning in portraits; the sitter often depicted head in hand amongst books, medical instruments, or busts of Hippocrates. Portraits of William Harvey, Thomas Sydenham and Richard Mead offer cases in point.[14]

Claims of distinction based on character and learning were often coupled with membership of the London College of Physicians. The College was a number of things at once: a learned society, a club for academically trained physicians, and a sanctioning agency that exercised judgement over the character and learning of other practitioners in the metropolis, and within a seven-mile radius.[15] Officially, any practitioner of physic active inside a seven-mile radius in London was defined as illicit unless they had been licensed by the College, and illicit practice was punishable by fines and imprisonment.[16] However,

---

[13] Harold Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians," *JoBS* 33 (1994): 1-31, 17.
[14] See Ludmilla Jordanova, *Defining Features: Scientific and Medical Portraits 1660-2000* (London: Reaktion Books, 2000); idem, "Portraits, People and Things: Richard Mead and Medical Identity," *HoS* 61 (2003): 293-313.
[15] All of the physicians this chapter considers, with the exception of Albertus Otto Faber, were members of the London College.
[16] Pelling, *Medical Conflicts*, 2.

licences were rarely given, and scholars have highlighted the limited regulation this institution achieved in practice.[17] In conjunction, historians have assessed the manner in which physicians and other practitioners had to compete for custom in a 'medical marketplace', where favour towards university-trained healers was by no means commonplace.[18] Nevertheless, alongside this competition, research into commercial networks has highlighted marked levels of cooperation. Patrick Wallis, for example, has examined relations between physicians and apothecaries, highlighting cases where physicians became involved in arrangements with apothecaries, who illicitly practised medicine, and defended them against College actions.[19]

Examining forms of cooperation between healers emphasises the processes by which medicine was embedded in social relations and social networks, and how such processes were historically specific. It also encourages us to think about the nature of social experiences and relationships. Regarding the nature of relationships between fellow practitioners, and between practitioners and their patients, it is important to note that they could be deeply personal. On one level, this is because medicine touched people in a peculiarly intimate and direct way. Practitioners were granted access to privileged spaces, information, and body parts. Since many travelled significant distances to visit patients, they often stayed overnight, and sometimes for several days or weeks, becoming integrated into the daily rhythms of their client's household. John Micklethwaite's visits to the Rich family of Leighs in Essex,[20] and John Downes's visits to the Abdys family of Stappleford Abbots in the same county,[21] offer cases in point.

Alongside these practicalities, relations often operated at a further level, that is, one of close friendship. The qualities of these friendships were frequently noted in diaries and letters, and on occasion, such documents reveal the ways in which close fellowship shaped the nature of occupational encounters. For example, Nicholas Blundell (1669-1737) of Little Crosby established a firm friendship with his physician, Dr Lancaster, and regularly recorded details of their relationship in his diary. The two men often met in the alehouse or at the village green, and the doctor was a frequent guest at the Blundell family home, regardless of whether his medical services were needed.[22] Indicative of their close friendship, Dr Lancaster often provided the Blundell household with medical treatments free of charge.[23]

---

[17] Ibid; Harold Cook, *Decline*; Idem, "Good Advice".
[18] Jenner and Wallis, eds. *Medicine*, 1-17.
[19] Patrick Wallis, "Competition and Cooperation in the Early Modern Medical Economy," in *Medicine*, ed. Jenner and Wallis, 47-68.
[20] BL, MS Add. 27353, 206v-217r.
[21] BL, MS Sloane 203, 145r.
[22] Frank Tyrer and J.J. Bagley, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume II 1712-1719* (Manchester: RSLC, 1970), 28, 94, 108, 146, 209, 258.
[23] Idem, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume I 1702-1711* (Manchester: RSLC, 1968), 28, 124; idem, eds. *Diurnal II,* 12.

Moreover, the physician assisted his friend, and client, during the Jacobite Rising of 1715. The Blundell family, who were known recusants, fell under government suspicion and in 1716 travelled into voluntary exile in Flanders. Just before departing Nicholas's daughter fell sick and Dr Lancaster, who was also a Catholic, 'sent an Express with some Physick.'[24] The latter example speaks to a particular issue this chapter engages with: how far a physician's confessional identity shaped their social networks and social relationships, especially with patients and fellow practitioners.

Legally, religious dissidents who practised medicine faced a number of obstacles. As previously mentioned, a physician's training differed from that of surgeons and apothecaries. While the latter qualified by being apprenticed to others in the same occupational group, to be a physician meant being trained within a university. The oath required to be taken on matriculation and on graduation barred Catholics from an English degree, although they could circumvent this requirement by going to university abroad. Padua was the best known, but there was also Paris, Rheims and Montpellier.[25] But even when qualified, Catholics were forbidden to practise by law. By the Act of 3 James I, cap. 5 (1605) 'to prevent and avoid the Dangers which grow by Popish Recusants' no convicted recusant could 'practice Physick, nor use or exercise the Trade or Art of Apothecary' on the forfeiture of £100 to be divided equally between the Crown and the person prosecuting the offender in court. Legal prohibitions were extended to any nonconformist practitioner who refused to take the Oath of allegiance. By the Act of 7 James I cap. 6 (1609) 'for administering the Oath of Allegiance' it was enacted that 'every Person refusing to take the Oath as above, shall be disabled to all Intents and Purposes…to use or practice…the Science of Physick or Surgery, or the Art of Apothecary, or any Liberal Science, for his or their Gain, within this Realm.'[26]

The religious identity of a practitioner could also affect their day-to-day practices. John Halsey, a Catholic physician with a medical practice in the city of Worcester, experienced tense relations with the authorities during the 1580s and 90s. For example, in a letter to Lord Burghley the Bishop of Worcester, John Whitgift, wrote 'John Hallsie of the city of Wigorn, physition, hath absented himself from church not fully ii years…He standeth excommunicated for his obstinancy in religion. [He] Is also a great seducer of others and under the pretense of physick hath done very great harme.' These tensions persisted until he was committed to prison in 1592.[27] Nonconformist midwives faced similar difficulties, particularly after the Restoration. During this period midwives' names appeared on episcopal returns listing the hosts and hostesses of local conventicles. In response, some local

[24] Ibid, 150.
[25] W.V. Smith, "Recusant Doctors in Northumberland and Durham, 1650-1790," *NCH* 23 (1986): 15-27.
[26] Ibid, 15-17.
[27] C.D. Gilbert, "John Halsey, Recusant Physician," *NCH* 3 (1994): 4-8.

churchwardens, particularly in the northwest, harassed Quaker midwives, and repeatedly presented them for unlicensed practice and refusal to attend church.[28]

This all seems rather bleak, although it is important to consider the extent to which legal restrictions were enforced. Regarding the legal restrictions imposed at the beginning of James's reign, there is no record of any person being convicted under these acts for practising medicine, so it seems likely that the penalties for working as physicians, surgeons or apothecaries were rarely enforced.[29] Despite isolated cases of tension between dissident practitioners and local authorities, the majority of officials did not bother to report such activities.[30] Furthermore, it appears that practising medicine became a useful means of negotiating one's faith. As the Presbyterian minister Richard Baxter noted in his *English Nonconformity*, 1689, 'If any Minister will but leave Preaching the Gospel of Christ, and turn Physician, he may be quiet; tho' he be of the same judgement that he was before; the forbearing of his Ministry may preserve his peace.' He added, 'There are now in this City ejected Ministers who have forsaken their Function, and are Doctors of Physick, and they live in great wealth and acceptance.' However, Baxter did concede such negotiations could be challenging on occasion: 'There are some Nonconforming Ministers, that tho' they are Doctors…dare not cease their Ministery, but practice both: These are welcomed to the Sick, but the Healthful banish them or hunt them away, notwithstanding their acceptance as Physicians, the hatred of their Preaching being more prevalent.'[31]

It is clear that many dissident physicians, both Catholic and Protestant, were practising medicine in England during this period.[32] From my research, it is also clear that physicians treated patients, and interacted with fellow practitioners, with whom they were at odds in matters of faith. What follows is an investigation into the nature of such interactions. When physicians worked with patients or practitioners who shared their religious views, as opposed to those who did not, did the texture of relationships differ? Did relationships change, or become strained, during periods of religio-political crisis? Furthermore, in what specific settings did physicians choose to enact, negotiate or hide their religious beliefs? These questions hinge on the nature of individual interests and actions, which makes it difficult to generalise. That said, it is only by asking such questions that we can begin to understand the precise ways in which physicians experienced and managed their religious and occupational commitments.

---

[28] Hess, "Midwifery," 51-2.
[29] Smith, "Recusant Doctors," 16-17.
[30] Hess, "Midwifery," 52-3.
[31] Richard Baxter, *The English Nonconformity* (1689), 184.
[32] See, for example, Smith, "Recusant Doctors"; Gilbert, "John Halsey"; Michael Gandy, "Ordinary Catholics in Mid-Seventeenth Century London," in *Catholics of the Parish and Town 1558-1778*, ed. Marie B. Rowlands (London: CRS, 1999), 153-78; William Birken, "The Dissenting Tradition of English Medicine in the Seventeenth and Eighteenth Centuries," *MH* 39 (1995): 197-218.

II

Self-Presentation

This section considers the ways in which physicians represented themselves in their professional lives. In particular, it considers the extent to which their religious identity played a role in this process. As they actively forged their medical reputations, when and in what ways did physicians choose to assert their confessional convictions? Furthermore, what kinds of practices did such choices necessitate? By addressing these issues I aim to demonstrate how central a physician's religion was to their occupational identity. I also seek to highlight how varied its manifestations could be, since practitioners experienced and expressed their religious convictions in distinctive ways. Their attitudes towards orthodoxy and heterodoxy were highly diverse, and some were more accepting of cross-confessional sociability than others. Consequently, the light in which physicians wished to be perceived, and the extent to which their religious identity influenced such concerns, was wide-ranging.

The practices of Dr John Downes offer a rich case. Downes was born in Warwickshire in 1627. We know little about his early life, though he appears in the historical record in 1659, being then thirty-two years of age, when he was entered on the physic line at Leiden, and graduated doctor of medicine in July 1660. He was incorporated at Oxford in December 1661; was admitted a Candidate of the College of Physicians in December 1662, and a Fellow in March 1675. He was named an Elect in December 1693; and died in October 1694. Downes had been admitted a fellow of the Royal Society in December 1667, and was physician to Christ's hospital. He married Christian Gale, described in the marriage licence of July 1671, as of Putney, Surrey. The couple settled in west London, and had a daughter, also Christian, who married Thomas Tuberville, doctor of medicine.[33] Little else has been written about Dr Downes by historians. Yet, a collection of his personal papers held in the Sloane collection at the British Library provides an opportunity to examine the specific relationship between a physician's religious and occupational identities.

John Downes was an ardently committed member of the Church of England. We know this because he frequently recorded his religious reflections in notebooks, diaries, commonplace books and letters. Furthermore, he penned several religious treatises during his time working as a physician, which appear to have been intended for publication, although the manuscripts were never printed. None of the treatises were dated, but we can make educated estimations regarding when they may have been written. For example, one of Downes's notebooks contains three short religious treatises, and although these are not dated, several other entries in the volume are. A number of medical receipts appear towards the end

[33] MR, "John Downes," http://munksroll.rcplondon.ac.uk/Biography/Details/1324.

of the volume, dating from the 1670s to the 1690s, so it is conceivable that Downes wrote the religious treatises during this period, while working as a physician in London and the surrounding counties. The first is titled 'The End of Man,' in which Downes contemplated, 'Wherefore am I in this world? He that made me and put me here, what did he put me here for…what shall I conclude to be the end of my creation…upon what errand was I sent into this world by him.'[34] The second, titled 'A Short Letter', advised 'Brethren be sober and watch because your adversary the devil goes about like a roming lion, seeking whom he may devour.'[35] The third discourse touched on the issue of religious nonconformity. Titled 'A Practical Direction how to behave oneself in time of Persecution,' Downes counselled readers to 'complain much of this to God…beseeching him to alleviate them in his due time.' He continued, 'S. Austin said that when the devil could no longer persuade people to worship idols of wood and stone he made them worship the idols of theyr own fancys, errouneous opinions about matters of faith.'[36] Presumably he was referring to the rise of nonconformity during the interregnum.

Concern about the impact of religious nonconformity was the subject of another treatise penned by the physician, most likely written in the early 1660s during his time in Oxford. Included in a notebook headed 'observations of the County of Oxford' Downes wrote what he termed 'a treatise' concerning 'Reflections upon the great distractions which variety of Opinion in matters of Christian Religion have occasioned in the world, and the dreadfull consequences which such distractions for some years last past have bigotten in Christendome.'[37] Clearly, he was referring to the expansion of nonconformity witnessed during the civil war period and the 1650s:

> What shal wee then say of those wild enthusiastick notions, the issues of private intirpritation of the Scripture which sit Religion and morality at variance, and of those Wicked agitators...Poisoning such its first principle (Obedience) with such hitirodox Opinions...How they worked against those whoo wire not altogether actuated with the same Phanatick fury as thimsilves…ye godly party as they called themselves…turned Religion so topsy turvy and made such confusion in the world. [38]

He evidently welcomed the Restoration, noting 'Blessed be God the world growes wiary of them, and I hope are with mee inclinable to find out that true Religion…speaks better things and provideth a foundation which uppon to build that tranquillity and peace which is nivir to

[34] BL, MS Sloane 179a, 62r-62v.
[35] Ibid, 58r. This is a bible quotation from the service of Compline.
[36] Ibid, 54r-54v.
[37] BL, MS Sloane 187, 8r.
[38] Ibid, 9v-11v.

bee againe distorted.'[39] Regarding 'ecclesiastical controversies' he also discussed 'to whom the mattirs in Question Out to bee submitted.' His answer was 'by the Church of England,' noting 'the Church have the Authority to judge in Controvirsies of faith…the Church is the witnis and keeper of Gods word' and so 'hath powir to expound and intirprit Gods word.'[40]

Downes's commitment to the Church of England, and to religious conformity, is also revealed in a series of his personal letters. One, addressed to a recently converted Catholic relative 'Mrs Downes', dated August 1693, began 'I…am truly consern'd you are led out of the way as I fear you are. I could heartily have wish'd you had (before you so utterly gave yourself up to the RC) thought fit to have heard what our devines could have said for themselves and of the C of E.'[41] The letter continued:

> The Church of England is I am fully satisfied the purest profession and nearest to that which our saviour taught of…and I think you have not so much reason to be so well satisfied in yours as I have in mine who am allowed to be judg myself by the scriptures. Had not the fathers of your church brought in many and Gross superstitions and Errors ther had bin no need of our Ancestors departing…but it was very fitt to cleanse of all those blemishes…that was the reason of our separating from you Pardon me for my freeness in writing my sence to you in this point for I am really very much troubled that you are gone of our church and the more because I am confident you never consulted any body but trusted to yourself and those of the Ro:C perswasion.[42]

These religious convictions shaped his self-presentation as a physician. In his day-to-day practice, Downes went to some quite noteworthy lengths to present himself as an Anglican practitioner. A series of letters between the doctor, his servant William Lowth, and several Church of England clergymen demonstrate the case. During the autumn of 1682, the physician set out to obtain a series of institutional certificates confirming both his skills as a healer, and his commitment to religious conformity. A letter addressed to Dr Downes from William Lowth dated September 10, 1682, noted:

> Honoured Dr, I have sent you according to your request a Certificate of your taking your Degree…I confess it is not so full as you desired it and doth not express your taking the Oath of Allegiance and Supremacy, and subscribing to the Articles. But the Registor assures me that this is sufficient without the mention of those things because

[39] Ibid, 12r.
[40] Ibid, 12r-14v.
[41] BL, MS Sloane 203, 36r.
[42] Ibid, 36v-37r.

> it is notorious to all that now are admitted to Degrees without taking those Oaths and Subscribing: and that this is a usual form of such a Certificate.[43]

The doctor received a second letter dated September 10, 1682, this time from John Cox, the rector of Stapleford Abbots in Essex, where one of his close friends and patients, John Abdy, lived. A certificate was included in the letter:

> These are to Certifie, such as are Concerned; that Dr John Downes phisitian, now Living in the Parish of Ludgate in London, being frequently at Sr John Abdys House, in the parish of Stapleford Abbots in the County of Essex, did on severall Lords Days repaire to the parish church of Stapleford Abbots, then with the Family, to hear Divine Service read and sermons preached; And that he hath in the aforesaid parish Church receaved the Holy Sacrament of ye Body and Blood of our B. Saviour by the Rector of the said Parish. I can likewise certifie that the saide Dr Downes…was married by me according to the Forme of marriage established by Law in the Booke of Common Prayer.[44]

A third letter, this time dated September 11, 1682, was received from Edward Pelling, rector of the parish of Ludgate. It too contained a certificate, which confirmed: 'These are to Certifi: whom: it may concern, that Dr John Downes of the parish of St Martin Ludgate, London, is to my knowledge a person of a very pious, able and good manner.' It continued, 'he has often received the Holy Sacrament at my hands, as well publickly in the Church, as privately in the time of his sickness. In all particulars I cirtifie him to be Conformable (I am persuaded, Sincerely and Heartily conformable) to the Church of England as it is establisht by Law.'[45]

For this physician, then, presenting himself as a pious member of the Church of England was particularly important in relation to his occupational identity. He had actively gathered testimonies that confirmed he was a 'heartily conformable' practitioner. Moreover, the letter from his servant William Lowth suggests such practices went above and beyond what was expected. Of the degree certificate Lowth obtained, he noted 'I confess it is not so full as you desired' as it 'doth not express your taking the Oath…and subscribing to the Articles.'[46] Yet he assured the doctor 'this is sufficient without the mention of those things.' Downes clearly did not share this view, and proceeded to acquire two certificates from

---

[43] Ibid, 17r.
[44] Ibid, 145r.
[45] Ibid, 146r.
[46] Ibid, 17r.

clergymen who could explicitly confirm the physician's Anglican credentials. Such practices appear to reflect Downes's particularly ardent convictions about the dangers of nonconformity, and his impassioned commitment to the Church of England, which he considered to be 'the purest profession and nearest to that which our saviour taught of.'[47] The certificates Downes requested were also acquired in the wake of upheavals witnessed during the Popish Plot and Exclusion Crisis. Perhaps these events had brought the physician's religious convictions into particularly sharp relief. Concerns raised about religious heterodoxy following the glorious revolution and subsequent Act of Toleration, 1689, may have also prompted Downe's notably impassioned letter to his Catholic cousin in 1693.

The practices of the physician Albertus Otto Faber provide a comparable example. Faber was a German physician who had received his doctorate from the University of Marburg. He went on to practise medicine in Lubeck, then Hamburg, and eventually entered the service of the Prince of Sultzbach as physician, later occupying a similar post with the kings of Denmark and Sweden. In the 1660s he was among the enterprising foreign practitioners who sought new fortunes in Restoration England. A letter from Samuel Hartlib to John Worthington dated August 1661 notes 'Otto Faber, an excellent Helmontian physician, being called by his Majesty…Came over to England about half a year ago.' The Calendar Treasury Books confirm that Faber received fifty pounds in royal bounty in respect of services and necessities that year.[48] However, Faber's relationship with the monarch, and government officials, soured relatively quickly on account of his religious identity. Faber became associated with Quakerism, and his activities amongst conventicles resulted in his imprisonment after being seized at a Quaker meeting house in London in 1664.[49] Like Downes, Faber asserted his religious convictions in an explicit manner, and these convictions intersected with his occupational identity in a number of ways. The tracts he wrote and published offer a case in point.

A number of tracts focused on religious issues, especially those relating to nonconformist practices. For example, following his arrest he published a work concerning 'the Act to prevent and suppress seditious conventicles', which asserted: 'be it known herewith to all concerned in this matter, that if the Principle the Quakers are possessors of, be from God, then no power of men can overthrow them, let them stir and bustle and clamour and rage and banish and persecute whatever they can.'[50] He argued that the Act only targeted 'Subjects of this Realm' therefore 'Foreigners…are proceeded against unjustly…by

[47] BL, MS Sloane 203, 36r.
[48] Harriet Sampson, "Dr. Faber and his Celebrated Cordial," *Isis,* 34 (1943): 472-4.
[49] Norman Penney, ed., *Extracts from the State Papers Relating to Friends 1654 to 1672* (1913), 215-17.
[50] Albertus Otto Faber, *A Remonstrance in Reference to the Act to Prevent and Suppress Seditious Conventicles* (1664), 5.

which the Inexcusableness of men shall be evident at that time, when the Lord shall judge them.'[51] Faber also wrote two tracts documenting the visions of Stephen Melish, a German, which concerned 'the Affairs now in agitation between the French King and the Pope.' The preface stated: 'I thought good to Translate these following Visions of Stephen Melish…a down-right honest man…a stranger to Worldly Policy, & State affairs. Therefore we must conclude that his Visions were shewed him by a higher power…so that all good people here might have knowledge of what passes beyond-Sea of this nature.'[52] His second published work on the subject, *Englands Warning*, defended the right of an individual to prophesy, noting, 'If the Rule where to try Prophets by, given by God himself (*Deut 18.21*) is still in force, then no doubt but Stephen Melish hath not brought forth his Prophesies by the will of man, but as it is written; *Holy men of God spake as they were moved by the Holy Ghost.*' He continued 'Why would then any body detract them Divine Authority?'[53] Faber's publications worked to defend the veracity of Quaker visions and prophecies that, as the last quotation indicates, were progressively derided by English conformists during the Restoration. In this context, Quakers often asserted that their ability to prophesy, and to experience ecstatic visions, was a sign of their authority; a sign of the Holy Spirit working favourably amongst them.[54]

Faber's personal commitment to Quakerism was also exhibited in his medical publications. His work titled *Some Kindling Sparks in Matters of Physick*, which contended that 'spirits…do burn and inflame the body', provides an example. It began, 'A Physitian is to be considered in his place, as a Minister to the life of Man, as to the health of his Body.'[55] He reflected on the body of man, noting 'the life being a fiery principle of Man…which enlighteneth the Body, and makes it active, we must know when such a principle becomes defective [and] with what kind of things to supply the same, which supplies are called Medicines.' He clothed his suggestions with divine legitimation, asserting, 'the more any Medicine partakes of fiery qualities, the more it is of the nature of Life, and can strengthen it the better, to expel the Disease. The Scripture saith, that the Life of the Body is in its Blood; and whoever will try this, must anatomize it with Fire, which will manifest a most fiery Spirit, or volatile Salt.'[56] Alongside these spiritual reflections Faber aligned himself explicitly with Quakers, commonly known as The Society of Friends. Towards the bottom of the title-page a phrase inscribed in bold letters stated 'Written formally *to a Friend* by Albert

---

[51] Ibid, 5.
[52] Idem, *XII Visions of Stephen Melish a Germane* (1663), 'The Preface'.
[53] Idem, *Englands Warning, that is Three Remarkable Visions of Stephen Melish* (1664), 'To The Reader'.
[54] For further contextual details see Jane Shaw, *Miracles in Enlightenment England* (New Haven: Yale University Press, 2006), 1-20; Phyllis Mack, *Visionary Women: Ecstatic Prophecy in Seventeenth-Century England* (Los Angeles: University of California Press, 1992), 1-8.
[55] Albertus Otto Faber, *Some Kindling Sparks in Matters of Physick* (1668), 3.
[56] Ibid, 5.

Otto Faber.' Moreover, whilst the tract was printed in 1668, Faber gave the date of composition as 'January 1664/5', which he noted on the last page of the work.[57] This date indicates that the tract had been composed during, or shortly after, the physician's first gaol sentence following his seizure at a Quaker meeting house, and had been given 'to a Friend' who later took it to a printer. Faber's explicit presentation of himself as a Quaker physician, demonstrated effectively by these publications, appears to have resonated with both his patients and the authorities. This seems especially apparent since officials in London described him as: 'being a uery suspected person, reather of crafty principalls & soe a maker of Quakers then other waies, he being agreate profest Doctor among them for phisick.'[58]

The practices of Downes and Faber highlight the processes by which religious identity became a central part of their self-presentation as physicians. However, we need to acknowledge that such processes could be highly varied. The manner in which Dr Thomas Browne, and his son Dr Edward Browne, negotiated these issues provides a useful comparison. Thomas Browne (1605-1682), physician and author, graduated MD from Leiden in 1633. On his return to England he served a medical apprenticeship in Oxfordshire during which time he wrote the first version of *Religio Medici*, which was eventually published in 1642. Being the year that civil war broke out, Browne duly presented himself as a convinced Christian and member of the Church of England, and declined the 'popular scurrilities and opprobrious scoffes' of extremists. The physician went on to establish a medical practice in Norwich, and his *Religio Medici* was published repeatedly throughout the seventeenth and eighteenth centuries.[59] His son Edward Browne, physician and traveller, was admitted pensioner at Trinity College, Cambridge, and graduated MB in 1663. He continued his medical studies with his father, and later, with Christopher Terne, physician to St Bartholomew's Hospital, London. In 1664 he left for the continent, widening his medical experience through visits to the Paris hospitals. On his return he went to Oxford and proceeded doctor of medicine from Merton College in 1667. That year he was elected a fellow of the Royal Society, and in 1668 was admitted a Candidate of the College of Physicians. In August until the close of 1669 he travelled to the Low Countries, Germany, Austria, Hungary, Serbia, Bulgaria and northern Greece. Following this he established a medical practice in London.[60]

Letters written between Thomas Browne and his son highlight two things. First, how central their religion was to their occupational identities and practices. Second, unlike Downes and Faber, they adopted a far more ecumenical stance with regards to matters of

---

[57] Ibid, 8.
[58] Penney, ed. *Extracts*, 215.
[59] R.H. Robbins, "Thomas Browne," ODNB, http://www.oxforddnb.com/view/article/3702?docPos=4.
[60] Kees van Strien, "Edward Browne," ODNB, http://www.oxforddnb.com/view/article/3670?docPos=1; MR, "Edward Browne," http://munksroll.rcplondon.ac.uk/Biography/Details/606.

self-presentation. Letters written from Thomas to his son between the years 1676 and 1681 illustrate the former point. Regarding the centrality of religious concerns, on 25 February 1676 he noted 'Mr Tenison, I told you had written a good poem, *contra hujus saecili Lucretianos,* illustrating Gods wisdome and providence from Anatomie.'[61] Referring to his son's occupational practices, a letter written in the winter of 1679 noted 'under the providence and blessing of God there is nothing more like to conserve you and enable you to go about and watch, and to mind your patients, then temperance and a sober life.'[62] In the summer of 1680 Thomas reminded his son that 'The mercifull God direct you in all,' and advised Edward to consult a funeral sermon written for one of his recently deceased patients, the Earl of Rochester, which was 'like to sell well.'[63] That same year he commended Edward's medical record-keeping, noting 'You did well to sett downe in your booke a kind of diarie of your practice; tis good providence so to doe, and it may bee usefull hereafter unto you.'[64] Furthermore, in a letter dated December 26, 1681, the physician noted 'The Author of life restore health…and give you wisedom to take care for the conservation therof by sobrietie and Temperance.' In order to maintain a healthful constitution the doctor advised, 'to avoyd fullnesse looke upon the 118 psalm from the 14th verse to the 20th,'[65] which read: 'The Lord is my strength and song…I shall not die, but live…The Lord hath chastened me sore: But he hath not given me over unto death. Open to me the gates of righteousness: I will enter into them, I will give thanks unto the Lord.'[66] Such extracts demonstrate how religious concepts informed a physician's occupational priorities and practices. If we compare these letters with reflections noted in Edward Browne's journal, written during the year 1663, it suggests that his father's advice did not fall on deaf ears. For example, an extract from January stated: 'Almighty and Everlasting God, I prayse and magnifye thy holy name…stirre up my affections to al good workes…Give mee grace, to serve thee this day as ever with a pure heart infeighnedly and cheerfully to follow my calling here, in a good Conscience.'[67]

Regarding the extent to which these physicians asserted their confessional convictions in occupational settings, a rather different approach was adopted to that of Downes and Faber. It seems that both Thomas Browne and his son preferred to present themselves in a more forbearing light. Once again, looking at letters written between the two can shed light on such processes. For instance, in August 1680 Thomas wrote to his son, 'I

---

[61] Geoffrey Keynes, ed., *The Works of Sir Thomas Browne Volume Six* (London: Faber and Faber, 1931), 66.
[62] Keynes, ed. *Works*, 156.
[63] Ibid, 178-80.
[64] Ibid, 201.
[65] Ibid, 232.
[66] *The Holy Bible Containing the Old and New Testaments* (London: British and Foreign Bible Society, 1965), 614.
[67] BL, MS Sloane, 1906, 16r-16v.

receaved the booke of Dr Love (*de morbo epidemico,* 1678) by Mrs Feltham though I have not yet seen her. If hee sent it to mee my service and thancks unto him…Dr Love may bee an ingenious civill person and industrious and so hee deserves the countenance and good wishes of men.'[68] Here, Thomas Browne is referring to the Catholic physician Christopher Love Morley. Morley had studied abroad at Leiden, graduating doctor of medicine there in 1679. He was admitted an honorary fellow of the College of Physicians in 1680, but being a Catholic, was not eligible to become an ordinary fellow. The physician was also a supporter of James II, and in 1686 the new charter granted to the college by James named him as an actual fellow. In 1700 Morley's name was withdrawn at his own request as he refused to take the oaths required by the new Protestant government. Perhaps Thomas Browne was aware of the difficulties a Catholic physician faced during the time of the Exclusion Crisis and Popish Plot 1678-1681, and so urged his son in the letter of 1680, 'hee deserves the countenance and good wishes of men.' His acceptance of cross-confessional sociability is further highlighted by a letter written to Edward Browne in June 1681, in which he encouraged his son's collaborative relationship with the dissenting Protestant physician Nehemiah Grewe: 'I perceave you are often mentioned in Dr Grewes booke (a Catalogue and Description of the Natural and Artifiicial Rarities Belonging to the Royal Society): you have much contributed to the metallicall discription, which would have proved to thinne without what you have conferred.'[69] The nature of such collaborative projects, and the ways in which religious identity influenced these forms of association, is the second issue I wish to explore.

Collaboration between Practitioners

Collaborative practices were highly varied, ranging from brief case-by-case associations to longer-term partnerships or projects. Whilst highly varied in nature, all forms of collaboration were socially embedded. That is, they were not simply functional associations, but rather, were formed through and reinforced by social relationships and norms. Social ties could be fostered in a number of ways, for example, by systems of training, through family, faith, institutional membership and shared sociability.[70] This section seeks to understand the ways in which a physician's religious identity shaped such relationships. Once again, I aim to highlight how complex the interactions between confessional interests and occupational practices could be, since individuals managed their religious and professional commitments in highly specific ways. At times it is clear that forms of collaboration, underpinned by

[68] Keynes, ed. *Works,* 178.
[69] Ibid, 224.
[70] Wallis, "Competition," 59-61.

common interests, overrode confessional differences. At others, it seems shared religious convictions prompted and reinforced collaborative practices.

The practices of the Yorkshire physician and natural philosopher, Henry Power, illustrate forms of collaboration that traversed the confessional divide. Power matriculated at Christ's College, Cambridge, in 1641 and graduated MD in 1655. Following this he established a medical practice in Halifax, and in 1664 transferred his practice to Wakefield. The physician was also a member of the Church of England, and natural theological reflections informed his writings on the human body. For example, the preface to his only surviving publication, *Experimental Philosophy*, 1664, which dealt with microscopy, the air and magnetism, noted, 'see how curiously the minutest things of the world are wrought, and with what eminent signatures of Divine Providence they were inrich'd and embellish'd.'[71] A manuscript treatise written by Power in 1661 titled 'Microscopicall Observations' commented 'However so the facultyes of the soule of our primitive father Adam might be more quick…then those of our lapsed senses, yet certainly the Constitution of Adam's organs was not divers from ours.'[72] One of Power's commonplace books included an undated reflection on 'the body of man' that was also situated within a religious framework: 'That man is a tree inversed will appeare palpably by the analogy. For what is his head but as the root, from which the whole trunk receives its nutrients, the Armes and legges the branches that shoot downward, Rami Cutis as Job calls him. Job 10:12.'[73] Furthermore he regularly provided his local vicar, Mr Lister, with medical treatment free of charge. Power's medical casebook compiled between 1665 and 1667 recorded such an instance, noting, 'I would take nothing of mr Lister for this physick nor for my own fees.'[74]

Notwithstanding his religious conformity, Power established collaborative relationships with several practitioners at odds with him in matters of faith. For example, he embarked on a number of natural philosophical projects with the puritan Ralph Widdrington, the Latitudinarian John Tillotson, and the Catholic Townley family.[75] Letters written between Henry Power and Richard Townley, with whom he established a close friendship, are particularly interesting. The Townley family, of Townley Hall near Burnley, had been pursuing their interests in natural philosophy since before the civil war. Together, Power and Richard Townley obtained expensive equipment from London to conduct their investigations. Their collaborative project may have led to the issuing of a report in 1661 entitled 'Mercurial Experiments Made at Townley Hall 1600 and 1661'; no copies survive,

---

[71] Henry Power, *Experimental Philosophy: in Three Books Containing New Experiments Microscopical, Mercurial, Magnetical* (1664), 'The Preface'.
[72] BL, MS Sloane 1393, 55v.
[73] BL, MS Sloane 1352, 1v.
[74] BL, MS Sloane 1351, 174r-174v.
[75] Webster, "Experimental Philosophy," 150-78.

but the report became part of Power's *Experimental Philosophy*.[76] Letters they exchanged indicate that the two men shared interests concerning the state of religion, as well as the state of the cosmos. For example, in the spring of 1657 Townley lent Power a tract titled 'Schisme Disarmed.' The physician then sent Townley a lengthy letter concerning his views on the work. It began, 'By these short reflections and marginall glances that I have made upon the Author…you may see how little hee has wrought upon our present Beliefe.' Power continued, 'though I am ready to renounce my present Beliefe as any man, and to relinquish those principles which were at first instilld into my unwary understanding when upon mature deliberation, I shall see stronger eviction and more powerful demonstrations to the contrary.' He took particular issue with the tone of the tract, noting, 'his genious seemes rather to be calculated for compiling…a piece of Drollery, than encountering with so serious a subject.' Finally, he expressed his concerns regarding confessional tensions, and his desire for peaceful coexistence:

> I have downe only wise and happy reunion of both churches, but truly I am afraid wee shall never be disputed into it, even for the most part in Polemicall Discourses, rather studding how to answer, keen to weigh the strength and power of an objection, which distemper is now grown so Endemicall that it surpasses the cure of the spirituall Physician much more the helpe of G[od].[77]

Power's support of interconfessional relations is further demonstrated by his collaboration with the Yorkshire physician, and known recusant, Dr Alexius Vodka. Alexius Vodka was the son of a Catholic Polish physician, of the same name. His father arrived in England during the early seventeenth century and was admitted an extra-licentiate of the College in 1608. He established a medical practice in York and resided in St Saviour's parish.[78] The physician appeared before the Bishop of London in September 1639 and took the Oaths of Supremacy and Allegiance having been threatened with the withdrawal of his episcopal licence to practise medicine. Despite these actions, the doctor's name appears on the recusant rolls several times between 1639 and his death in 1644.[79] His son was admitted an extra-licentiate of the College in 1627, it is not known where he trained. He too established a medical practice in York, residing in St Sampson's parish.[80] The physician's name appears on the recusant rolls throughout the century, and he regularly collaborated with his Catholic neighbour, and medical practitioner, Peter Vavasour.[81] He also

---

[76] Adrian Johns, "Henry Power," ODNB, http://www.oxforddnb.com/view/article/22665?docPos=1.
[77] BL, MS Sloane 1326, 16r-16v.
[78] MR, "Alexius Vodka d.1644," http://munksroll.rcplondon.ac.uk/Biography/Details/4566.
[79] J.C.H Aveling, *Catholic Recusancy in the City of York* (Hertfordshire: CRS, 1970), 87-8.
[80] MR, "Alexius Vodka d.1666," http://munksroll.rcplondon.ac.uk/Biography/Details/4567.
[81] Aveling, *Recusancy*, 96-8, 237, 242-3, 247.

collaborated with the Anglican physician Henry Power. In February 1664 the two physicians worked together when treating sick members of the Townley family. Power briefly recorded the collaboration in his medical casebook, noting, 'For mr Jo: Townley at Hopton Hall the Physick prescribed to him and his sister 3*l*, 4*s*, 6*d*…sent to mr Townley himselfe by Dr Vodka.'[82]

Collaboration across the religious divide is also mentioned briefly in the journal of Edward Browne, which he kept during his visit to France during the spring of 1663. Driven by common interests, the Anglican physician recorded a meeting between himself and a Jesuit chemist: 'I went this morning to the College of Cambray where lives one Barlet, A Chymist, I inquired of him where hee began his operations. I saw his laboratory…[and] a corpse which continues about a month et simper postea gratis docebit.'[83] Interestingly, Henry Power had formed a particularly close relationship with Edward Browne's father, Thomas Browne, who directed his medical studies at Cambridge.[84] Perhaps Thomas Browne's positive outlook on interconfessional collaborations rubbed off on his student?

Nevertheless, in other instances, shared religious convictions precipitated and underpinned collaborative practices. The activities of the Quaker physician, Albertus Otto Faber, provide an example. During his time working in England Faber aligned himself with Valentine Greatrakes, a faith healer popularly known as the 'Irish stroker'. In the 1640s and 1650s, whilst living in Ireland, Greatrakes had opted to support the Cromwellian regime, serving in the army as lieutenant under the command of Roger Boyle. In 1656, following the disbandment of the army, he continued his service acting as a local JP and a clerk of the peace for Cork. In 1662 he began to practise a new-found gift of healing by touch, or 'stroking', among his sick neighbours.[85] He embarked for England in 1666, where his healing skills quickly came under scrutiny. Greatrakes presented his capacity to cure as a gift from God, just as healing powers exercised by Quakers were often presented in the period. In turn, many saw him as representing a challenge to the King's authority, especially for his presumption in treating those who had scrofula, the cure of which disease was considered to be a special preserve of monarchs. Rumours circulated claiming Greatrakes had even healed sufferers whom the king had failed to cure.[86] Not surprisingly, the 'Irish stroker' aroused disquiet in official circles. In February 1666 he received a summons from the king to perform his cures at court. It was reported that Greatrakes had failed to impress Charles,

[82] BL, MS Sloane 1351, 10r-10v.
[83] BL, MS Sloane 1906, 76r.
[84] Johns, "Power," ODNB.
[85] Peter Elmer, "Valentine Greatrakes," ODNB, http://www.oxforddnb.com/view/article/11367?docPos=1.
[86] Shaw, *Miracles*, 83-5.

whose own ability to cure scrofula, also known as the 'king's evil', was seen by many as persuasive evidence of the recently restored monarch's right to his throne.[87]

Whilst there is no direct evidence that Greatrakes used his cures as an opportunity to spread subversive opinions, such associations were made, particularly in response to the practitioners he chose to associate with. For example, upon his arrival in England, Greatrakes formed a close relationship with the physician, and Quaker symphathiser, Henry Stubbe, who had a medical practice in Warwickshire. Greatrakes treated one of the physician's Quaker patients, Lady Anne Conway, and Stubbes published a tract detailing his confidence in the skills of the faith healer.[88] The ability to heal by divine inspiration was a practice Quakers were eager to support, since many claimed they too could perform such cures. Moreover, a number of these cures involved the laying on of hands to the sick person. Such assertions were frequently challenged, and critics often asked them to enact cures on demand.[89] Quakers therefore had a vested interest in defending divine forms of healing, especially those enacted by touch. In this context, Otto Faber collaborated with the 'Irish stroker'.

In 1666, when Greatrakes was demonstrating his method before a number of 'virtuosi', Faber was one of the physicians present, and signed five of the testimonials published in Greatrakes' publication on the subject, *A Brief Account*. Faber's testimonial from April 19, 1666 noted:

> Sarah Tuffly, Servant to Mr. John Pryde at the Red Cross nigh Essex-gate in the Strand, troubled with a violent Head-ach every day more or less for 7 years; upon Mr. Greatrak's stroking her head she fell a belching, which continued for two hours and upwards, he now and then applying his hand to her breast, *&c.* whereupon she was freed from all pains, though her tongue was at times as cold as lead, during this process; and now declares her self more free from any manner of pain then she has been these 9 years.[90]

Likewise, a second testimonial confirmed:

---

[87] Elmer, "Greatrakes," ODNB; also see Stephen Brogan, "The Royal Touch in Early Modern England: Its Changing Rationale and Practice" (PhD diss., University of London, 2011); Idem, "The Royal Touch," *History Today* 61 (2011): 46-52.
[88] Henry Stubbes, *An Account of the Severall Marvailous Cures Performed by a Stroaking of the Hands of Mr Valentine Greatraik* (Oxford, 1666); also see Shaw, *Miracles*, 81-2; Sarah Hutton, "Of Physic and Philosophy: Anne Conway, F.M. van Helmont and Seventeenth-Century Medicine,' in *Religio Medici*, ed. Grell and Cunningham, 228-46.
[89] Shaw, *Miracles*, 51-62.
[90] Valentine Greatrakes, *A Brief Account of Mr. Valentine Greatraks* (1666), 76.

> These are to certifie, That the Son of Mr. George Claire Grocer in Grace-Church-street, London, being about 6 years old, having been troubled with an Impostume in his bowels, and with continual pain, was much wasted for above two years; and all means proving ineffectual, he was brought to Mr. Greatrak's, who in three times stroking brought the humour to such ripeness in the thigh near the groin, that upon a little incision there came forth above a pint of corrupted matter, to the great ease and benefit of the child.[91]

We might compare these testimonials with Faber's tracts on Stephen Melish, which upheld the veracity of divinely inspired prophecy, another practice conducted by Quakers that many derided.[92]

The practices of the Presbyterian physician, Sir John Micklethwaite, offer a comparable example. The doctor grew up near Beverley in Yorkshire, the son of Thomas Micklethwaite, who was ejected as rector of Cherry Burton in 1662 for nonconformity. John Micklethwaite matriculated as pensioner at Queens' College, Cambridge, his father's former college. He received an MA in 1634 and in 1637 entered the University of Leiden as a medical student. He took an MD at Padua in 1638, and incorporated this degree at Oxford in April 1648.[93] He established a medical practice in London, and during this time, formed a close working relationship with the Presbyterian physician John Clark, who would eventually become his father-in-law. The Long Parliament had selected John Clark to replace William Harvey as physician at St Bartholomew's Hospital in 1643. In 1648 Micklethwaite became his assistant there, and upon Clark's death in 1653 his son-in-law succeeded to the physicianship.[94] Micklethwaite also had a distinguished career in the College of Physicians, selected as censor seven times, served as treasurer 1667 to 1675, and as president from 1676 to 1681.[95] Whilst acting as censor he worked to assist ejected ministers seeking newly forged medical careers. For example, in 1660 the ejected minister John Hutchinson, who had travelled to France and Italy to improve his medical knowledge, was invited to become a Fellow of the College. Hutchinson declined the offer, but asked to be examined for an extra-licence, which he was granted in 1663. In 1665 another ejected minister, Gilbert Rule, dedicated his medical thesis at Leiden to Micklethwaite.[96] The physician also developed a particularly close friendship with the Presbyterian leader Richard

---

[91] Ibid, 76-7.
[92] Faber, *Visions*; Idem, *Englands Warning*.
[93] William Birken, "Sir John Micklethwaite," ODNB, http://www.oxforddnb.com/view/article/18662?docPos=1.
[94] Birken, "Dissenting," 203.
[95] Birken, "Micklethwaite," ODNB. Also see idem, "Dissenting," which highlights that presidents of the College included a number of Presbyterian physicians. Moreover, between 1649 and 1683 the institution extended its licences, extra-licences, candidacies and honourary fellowships to eighteen dissenting ministers, twelve of which were issued between 1661 and 1667, 'when the plight of the ejected was at its worst.'
[96] Birken, "Dissenting," 202.

Baxter. Baxter's treatise, *English Nonconformity*, published in 1689, noted: 'There are Physicians and Ministers of the same judgement, and perhaps dwell together in the same House (it was the case of Dr Micklethwait and me).'[97]

Alongside these associations, which clearly operated along confessional lines, Micklethwaite engaged in a number of medical practices that appear to have followed suit. For example, in 1654 Dr Micklethwaite, Dr Thomas Coxe (puritan and physician to the Parliamentary army), and Thomas Hollier (selected by parliament as surgeon to St Thomas's Hospital) collaborated in the post-mortem dissection of the puritan divine, Jeremy Whitaker. The case was recorded by the biographer Samuel Clarke (1599-1682), himself a Presbyterian and ejected minister, in the work *Ten Eminent Divines*, published in 1662. Clarke's account began, 'Anno Christi 1654, about the beginning of November, the violent pain of the Stone, did in such a manner and measure arrest him [Whitaker], that from that time he continued Gods prisoner, confined to his bed or chamber.' Clarke continued, 'Physitians in the City were consulted with…who did unanimously conclude, that his sharp pains proceeded originally from an Ulcer in the Kidnies.'[98] As Whitaker's illness progressed, symptoms worsened: 'His pains grew more extream, yet Divine indulgence vouchsafed at some times some mitigation of them…But notwithstanding the long continuance and extremity of them neither his Faith nor Patience did abate.'[99] Regarding the post-mortem dissection he noted:

> Mr. Holiard opened his body in the presence of Dr. Cox [and] Dr. Micklethwaite…They found both his Kidnies full of ulcers, and one of them was swelled to an extraordinary bigness through the abundance of purulent matter in it. Upon the neck of his Bladder, they found a stone, (which was about an inch and an half long, and one inch broad, weighing about two ounces when it was first taken out and withall they found an ulcer which was gangrenized, and this was judged to be the cause of his death. All other parts of his body were found firm and sound.[100]

Whilst there is no further evidence relating to this occurrence, situating the case within its broader cultural context can offer some insights. During this period commemorative tracts, such as spiritual biographies and funeral sermons, were being published at a rate hitherto unknown. The laudatory tone of such tracts was rooted in a deep-seated social impulse to think well of the dead. At the same time, it was not uncommon to find confessionally opposed authors accusing one another of engaging in forms of

---

[97] Baxter, *Nonconformity*, 184.
[98] Samuel Clarke, *A Collection of the Lives of Ten Eminent Divines* (1662), 174.
[99] Ibid, 177.
[100] Ibid, 181-2.

unwarranted flattery.[101] Establishing the authenticity of accounts was therefore paramount, which involved the recounting of a subject's virtues in forensic detail. A particularly common strategy was the inclusion of medical testimonies from physicians who had tended to the subject whilst sick or dying. These testimonies were often employed to demonstrate how severe the subject's illness and been, and so bolster claims made about their Christian resolve in the face of suffering. In this case, the provision of findings by Micklethwaite, Coxe and Holliard, which were recounted in especial detail, worked to strengthen Clarke's assertion that Whitaker 'continued Gods prisoner…But notwithstanding the long continuance and extremity of [the illness] neither his Faith nor Patience did abate.'[102] This was not the only time that Micklethwaite and Coxe collaborated. They also worked together when treating a patient, Mary Rich, of Leighs in Essex, who was herself a Presbyterian sympathiser. The extent to which a physician's religious identity influenced their relationships and interactions with patients is the final theme I wish to explore.

Physicians and their Patients

The relationships between physicians and patients were both complex and highly varied. Furthermore, many factors other than religious identity could shape these interactions. Historians of medicine have recently reminded us that patients had relative freedom to choose the practitioner they liked, selecting therapies and therapists according to their estimation of a practitioner's effectiveness and manners, not to mention availability and cost.[103] Sickness experiences were also mapped upon highly varied socio-economic positions, levels of education, community perceptions, and personal circumstances.[104] These variables make it difficult to draw any sweeping generalisations concerning the role confessional convictions played in shaping associations between physicians and their patients. However, by examining the daily practices through which these associations were forged, a clearer sense of the role that religious identities played can come to the fore. In particular, this approach enables us to study how a physician's religious beliefs and practices influenced, and often *formed a component part of*, their occupational activities. It also allows us to comprehend how diverse this process could be, since a physician's decision to express their religious interests was dependent on the specific social setting and personalities involved.

Variety aside, it is clear that spiritual care was generally considered to be an important component of the physician's office. Returning to the quotation with which this

---

[101] Peter Marshall, *Beliefs and the Dead in Reformation England* (New York: Oxford University Press, 2002), 158-267.
[102] Clarke, *A Collection*, 174-81.
[103] Jenner and Wallis, eds. *Medicine*, 2.
[104] Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), 3-8.

chapter opened, Thomas Adams noted 'The good Physitian acts the part of the Diuine…[and] may apportion to himselfe a great share in it.'[105] This view was expounded throughout the period, and a number of medical practitioners contributed to the discussion. The physician John Anthony (1585-1655) published a treatise in 1654 titled *The Comfort of the Soul*. It concerned the treatment of patients, and regarding the examples provided, the dedicatory epistle noted, '[these] I gathered in mine old age for mine own use, according to my first intention. Though I have thus laboured out of my Calling, as I am a Physician; yet I am not out of my profession, as I am a Christian.'[106] Anthony's epistle stated 'if Gods visitation be upon thee, which makes thee to sigh and groan under the burden and pressure of thy sorrowes, so that thy soul desire comfort, and thy spirits spirituall refreshing and heavenly consolation: then I have written this Treatise for thee.' The sick were instructed 'How to demean thyself under Gods visitation, how to bear thy crosse with a contented patience...[and] how to be delivered out of them, if God seeth it to be most for his glory.' The physician ended the epistle noting, 'Nothing is found more sweet in this Life…nothing doth so fortifie the minde against temptations, nothing doth so stir up man, and further him to every good work and duty, as the grace and benefit of Divine Meditation, and heavenly contemplation.'[107] The contents urged the sick to consider, 'Meditation is a Duty which God requireth/ Rules of direction for our holy Meditations/…The danger in delayes in seeking Grace/…Christs sufferings under the Crosse/...[and] The Benefits and Comforts of true Faith.' He also provided patients with advice concerning 'How to increase Faith' and 'How to esteem Faith' noting, 'We cannot possesse our souls in patience when we suffer afflictions and tribulations, and when we are under the crosse, if we do not believe that Christ hath sanctified our sufferings to make them work for our good.'[108] The physician concluded, 'Well may our Spirits droup when we are peached with pain, or sicknesse…if we must onely to earthly means and comforts.' He persisted, 'if we will refresh our soul with true comfort, when they are pressed with sadnesse, or sorrow, we must fetch our comfort from above, our delight must be to Meditate on heavenly things.'[109]

The Anglican physician Thomas Willis commented upon the care of patients in his *Practice of Physick*, 1684. Regarding the treatment of those with smallpox he advised: 'those things which have a poyson resisting force…are to be boyld in the Broths of the sick.' In addition, 'the quiet, both of mind and Body, is to be procured…and the business almost

---

[105] Adams, *Devills*, 224.
[106] John Anthony, *The Comfort of the Soul Laid Down by way of Meditation* (1654), 'The Dedicatory'.
[107] Ibid, 'Epistle to the Reader'.
[108] Ibid, 346.
[109] Ibid, 366-7.

wholly to be committed to God and Nature.'[110] The Genevan physician, Theophile Bonet (1620-1689), published an English treatise titled *A Guide to the Practical Physician* in 1686. Like Anthony and Willis, Bonet touched on the spiritual care that physicians were expected to engage in whilst treating patients. Regarding 'the office of a physician' the author instructed:

> Let him not give them over, who are past hope…Let him comfort them that bear the Disease impatiently…For it is a Pious thing, (not omitting the Prognostick) though death, or some incurable Disease be upon a Man, while the Patient has his Understanding entire, to comfort him, put him in hopes, and, as much as may be, to asswage his Disease by Remedies.[111]

Regarding the application of remedies Bonet instructed, 'It is the Physicians Office not only to use Remedies but also to remove all Impediments. And all Passions of the mind are great impediments; but especially the sick Mans Impatience. The Physician must therefore prevent this mischief by comforting and exhorting the Patient, to make no more haste than good speed.'[112] Such instructions reflect those given to clergymen present at the sickbed, one of whose main tasks was to urge sufferers to bear their afflictions patiently.[113]

Ministers added weight to these instructions. For example, the Church of England clergyman, Thomas Draxe (d. 1618), published a tract titled *The Sicke Mans Catechism* in 1609. Regarding the 'Physitians duty' the author stated: 'First he must in the absence of Ministers exhort the sicke to prayer and repentance. Secondly, when he perceiveth manifest signes of death in the sicke, admonish the sicke of death.'[114] The Presbyterian minister Richard Baxter discussed 'the duty of physicians' in his *Christian Directory*, 1673, noting 'If the honouring and pleasing God, and the publick good, and the saving of mens lives, be really first and highest in your desires, then it is God that you serve in your profession.' To this end Baxter recommended that they employ 'A few serious words about the danger of an unregenerate state, and the necessity of holiness· and the use of a Saviour, and the everlasting state of Souls.'[115]

Of course, instructional tracts shed more light on opinions about physicians' duties, than on what occurred. The remaining part of this section explores physicians' actual

---

[110] Thomas Willis, *Dr. Willis's Practice of Physick being the Whole Works of that Renowned and Famous Physician* (1684), 135. This text was first published in 1681, and comprises a translation of works published in Latin by the physician.
[111] Theophile Bonet, *A Guide to the Practical Physician* (1686), 853-5.
[112] Ibid, 861.
[113] See, for example, Lewis Bayly, *The Practice of Piety Directing a Christian how to Walk, that he may Please God*, (1695), 399-461; Jeremy Taylor, *The Rule and Exercises of Holy Dying* (1651).
[114] Thomas Draxe, *The Sicke-Mans Catechisme* (1609), 54-5.
[115] Richard Baxter, *A Christian Directory, or, A Summ of Practical Theologie* (1673), 43-4.

practices when treating patients. The activities of Dr John Downes provide a useful starting point. Downes recorded his encounters with patients in a series of notebooks and papers now held in the Sloane collection at the British Library.[116] Some of the volumes appear to have originally existed as distinct sets of notes, bound together at a later date, possibly following acquisition. Taken together, the material provides a range of information relating to patients, including prescriptions and bills written in the hand of Downes's apothecary. They also yield insights into the physician's personal reflections about the sick in his care.

One of his notebooks, MS 188, comprises a collection of medical receipts and patient records. The volume is small, designed to be held easily within the hand, and the notes penned are brief in nature. Extracts relating to patients usually provide a date, name, prescription and cost of treatment. One such excerpt lists a series of prescriptions, then notes '26 March 94, Mrs Mary Pennington, Eighteen Shillings'. Directly beneath the physician noted: 'perswadid in the principles of fallibility…[of] the scriptures uncertain'.[117] So it appears, he reflected upon religious issues whilst treating this patient. Further religious reflections are recorded amongst his medical notes. For example he wrote down the phrase 'Eucharist, Confession, sign of the cross, prayers for Dead'.[118] He recorded reflections upon 'God, after his death upon the Crosse' and noted the significance of 'psalm 88'[119] which reads, 'O Lord, the God of my salvation, I have cried day and night before thee…my life draweth nigh unto [the grave]…thy wrath lieth hard upon me, and thou hast afflicted me with all thy waves.'[120]

In a second notebook, MS 204, which comprised loose papers relating to patients, and was bound at a later date, similar reflections are recorded. Amongst papers documenting patients' names, conditions, dates of consultation, prescriptions, and bills in the hand of what appears to be Downes's apothecary, religious reflections concerning the sick have been written. One such extract notes: 'What is it to repent? Tis to be heartily sorry that we have offended God…yea even death itself rather then have transgressed the laws of the great and good God…give me a repentance that will make me mend.'[121] Towards the back of the notebook Downes recorded a spiritual reflection explicitly referring to the care of the sick, and grieving family members, noting:

> We shall be able to comfort our weeping relations…we can say to them with truth: weep not my dear friends for me I have fought a good fight, I have laboured

[116] On the practice of keeping medical casebooks and medical records see Lauren Kassell, "Casebooks in Early Modern England: Astrology, Medicine and Written Records," *BoHM*, in draft: 1-42.
[117] BL, MS Sloane 188, 18r-18v.
[118] BL, MS Sloane 188, 2v.
[119] Ibid, 21r.
[120] *Holy Bible*, 595.
[121] BL, MS Sloane 204, 55r.

> faithfully to the work my God has set me…The more crosses you shall bear patiently and contentedly the better you shall be able to say…I have fought a good fight.[122]

Directly below, he listed a series of scriptural extracts including 'Last Judgement 7.9, Revel. 20.11, Mat. 25.31, Rom. 14.10, Ro. 2.6, Mat 24.31, Ecc. 18.20, [and] 2 Cor. 5.10.' He concluded, 'we must all appear before the Judgement seat of Christ…We must give an account, and according to the rule of this book of god we must be judged.'[123]

Whilst this volume does not provide direct evidence concerning the practices by which Downes relayed these reflections to his patients, it seems clear that his religious beliefs were particularly prevalent when interacting with the sick in his care. This seems all the more likely when we compare Downes's scriptural extracts with those provided in Daniel Featley's *Ancilla Pietatis*, a Protestant manual of enduring popularity. Featley's section on 'The Sick Mans Devotion' listed scriptural extracts that readers were instructed to recite when attending to the sick at the bedside. Corresponding with Downes's list, these included Revel. 20, Mat. 25.2, Cor. 5, Psalm 88.3 and Psalm 88.14.[124] Downes also compiled a list of the books he owned during this period, which included Lewis Bayly's *Practice of Piety* and Jeremy Taylor's *Holy Living*.[125] Regarding the conduct of bedside attendants, Bayly instructed, 'let them read often unto the sick some special chapters of the holy scripture.' Just as Downes's list specified, these included 'The Chapter of the *Romans*...The fifth Chapter of the second Epistle of *Paul* to the *Corinthians*...[and] The three first and the three last Chapters of the *Revelations,* or some of these.'[126] Likewise, Jeremy Taylor advised attendants to get sufferers to meditate upon the 'words of God', including, as Downes noted, the chapter of the Romans, the second Epistle of Paul to the Corinthians, and extracts from Matthew.[127]

In light of these correspondences, it seems likely that Downes communicated such reflections to the individuals he was treating. His concern, and interest, in the spiritual welfare of his patients is further indicated by the fact that he regularly attended church with one of them – Sir John Abdy.[128] Of course, interpretive issues persist. The volume in question (MS 204) was bound at a later date, therefore thinking about how the author constructed and used these papers, and what they can reveal about his interactions with patients, becomes a more complex task. Nevertheless, I think it would be imprudent to

---

[122] Ibid, 108r-108v.
[123] Ibid, 113v.
[124] Daniel Featley, *Ancilla Pietatis, or the Hand-Maid to Private Devotion* (1675), 515-97.
[125] BL, MS Sloane 203, 260r-260v.
[126] Bayly, *Practice*, 421-2.
[127] Jeremy Taylor, *Holy Living in which are Described the Means and Instruments of Obtaining Every Virtue* (1656), 390-1.
[128] BL, MS Sloane 203, 36r.

suggest that this practitioner, who experienced his faith with such passion, and who went to some lengths to present himself as an Anglican physician, rigidly divorced his religious and medical interests in practice.

Letters written between patients and practitioners are equally revealing. In July 1678 Sir John Barrington, of Broad Oak in Essex, received a note from his physician, one William Godfrey. The note 'Certifie[d] that Docter Micklethwayt, Docter Beister and my Selfe were his Physitians and by the blessing of God hee recovered some degree of health and strength the latter part of this Summer. But it pleased God that after Michmas those distempers returned on him againe.'[129] In like manner, one Dr Fraucke, Lady Barrington's physician, wrote to her concerning the treatment of another member of their household: 'Good Maddame Mistress Ruthes greiffe is an obstruction of the Liver, midreffe and Splene…you must sende her up againe a fortnight hence for a weeke and then I will, god blessing my Laboures, send her to you againe.'[130]

Letters penned by the Anglican physician Thomas Wharton (1614-1673) offer a comparable example. Wharton was the son of John Wharton (*d*. 1629), and his wife, Elizabeth (*d*. 1646), daughter of Roger Hodson of Fountains Abbey, Yorkshire. He matriculated as a sizar at Pembroke College, Cambridge, in 1637, and proceeded to Trinity College, Oxford, where he tutored John Scrope, son of Emanuel, Lord Scrope of Bolton. From 1642 to 1645 Wharton spent much time with John Scrope at Bolton Castle in the North Riding of Yorkshire, studying chemistry and medicine. At Bolton, Wharton also served as a member of the royalist garrison. Subsequently he moved to London to study medicine alongside the physician John Bathurst, who had Yorkshire connections and assisted him with his practice.[131] A letter book compiled by Wharton during the 1670s sheds some interesting light on his relationships patients, and the degree to which religious concerns shaped such interactions.

In March 1673 Wharton wrote a letter to Ms Morland regarding the death of his friend, and patient, Dr Rumwell. The letter began, 'He that leads a good life can never miss of a good death, and certainly that is the best death that concludes us with the least toyle.' Regarding the Christian resolve of his patient the physician noted, 'That morning he left his sermons with desire for me to come to him, when I cam I found him…hott and dry…[with a] swelling in his hands…and he could not swallow but with great difficulty…hee died quietly, scarce with a groane.'[132] A letter dated June 1673, concerning the death of a patient named 'Smith', noted 'I shall give you a short and true account of the suddain death of my worthy

---

[129] ERO, MS D/DBa/F40/18.
[130] ERO, MS D/DBA/F40/6.
[131] Robert Martensen, "Thomas Wharton," ODNB, http://www.oxforddnb.com/view/article/29174?docPos=3.
[132] RCP, MS 640, Letter 4.

friend.' Smith took to bed with pains in his head and 'strong waters', upon which 'at night he called me. I…found him in great faintness…and very great paines especially in the left side of his head and left ear…[he] spoke little but groaned and sighed much.' Despite these pains, and the failure of the doctor's 'clyster' and 'cordial' to provide means of alleviation, Wharton admired the manner in which his patient 'spoke little but in Prayers to God.'[133] Likewise, in a letter concerning the death of his patient 'Thomas Broome, servant of law', the physician noted, 'Saturday July 12 1673, being abroad…he came home and passed a muddy and bloody water, which next day totally stopped.' Wharton began to treat him 'for 14 dayes together' until he 'dyed Jul: 27.' Concerning the nature of his patient's death the physician recalled, 'He had much paine in his limbs and sometimes in his head, but with very little disorder, for he had a strong behaviour and good memory to the last minute of his life. For all the night before his death, he was…without sleepe and…cold sweats…but bore all with wonderful patience.'[134] A letter written to Ms Morland, dated May 1673, also demonstrates the spiritual comfort a physician could provide to the family members of a deceased patient: 'Your letter brings us sad news…of Sir Fr: Goodrich d[eath]…I pray God…grant him a very full resurrection.' Wharton expressed his regret that 'I had not the good luck to come to Durham this month, as I intended, perhaps I might have bene some wayes serviceable as formerly I had bene.' He persisted, 'great God in his infinite wisdom…supply all our losses in this due time for his own sake and for his Holy names sake…We dayly see how death spares none [and] takes away the best first.'[135] Such examples further highlight the processes by which a practitioner's faith could shape, and often became an integral component of, their interactions with patients. Finally, I want to explore how a physician's confessional identity might have shaped such interactions.

The practices of the Presbyterian physician John Micklethwaite can perhaps shed some light on the matter. Two contemporaries recorded encounters with Dr Micklethwaite in their diaries: the MP Sir Henry Slingsby (1601-1658), of Scriven in north Yorkshire, and the noblewoman Mary Rich (1624-1678), of Leighs in Essex. Henry Slingsby was a member of the Church of England, and during the civil war, became a royalist army officer. In the spring of 1639 Slingsby's wife fell ill and a number of physicians were sent for. His diary entry noted: 'In my return home when all our fources were dismiss'd I mett Tho: Hinks post with ye like message from my wife, of her relaps again into her old disease…at coming home her fit was past, & she pretty well recover'd…until now ye 10 of Sept.' He continued,

[133] Ibid, Letter 23.
[134] Ibid, Letter 31.
[135] Ibid, Letter 34.

> It did at first puzell ye Physitians to understand what she ail'd; they thought it had been ye cholick, yn ye Cardiaca Passio, yn ye Jaundize, yn ye Spleen...Dr Parker gave her a vomit; but after this she had fainting fits in her stomach, & after that her pain increasing, I sent for Dr Micklethawte & he judgd it to be ye Jaundize, & thereupon administred a drink for ye Jaundise…wch was so violent, yt for 2 days she was scarce able to sit up, continually having one to hold her side…but ye jaundice troubl'd her but a little, for in 2 or 4 days she had no symtombs of ye Jaindise, but yet her pain did not altogether leave her.[136]

Eventually the couple traveled to London where she was treated by five more doctors including the king's physician, Theodore de Mayerne.[137]

Extracts from Mary Rich's diary that mention Dr Micklethwaite are rather different in tone. In 1647 the sudden illness of Mary's four-year-old son Charles accelerated a conversion process that she had begun at Leighs, encouraged by her household chaplain, Anthony Walker. Before her marriage Mary had been 'stedfastly sett against being a Puritan'. Now, vowing she would become a 'new Creature' if her son were restored to health, she transformed herself into an exemplar of piety, beginning an all-encompassing devotional routine to which she adhered for the rest of her life.[138] Her diaries, compiled between the years 1666 and 1677, indicate that she also became a bastion of support for ejected ministers in Essex, and regularly consulted the works of the Presbyterian leader, Richard Baxter.[139] During this time her husband suffered intermittently with debilitating fits of the gout, which eventually led to his death in 1673. Diary entries describe the care he received, and the interactions that took place between the patient, his family, their regular physician John Micklethwaite, and his assistant – the puritan Dr Thomas Coxe. The quality of these interactions appear to have been far more intimate than those between Micklethwaite and Henry Slingsby.

An entry from March 15 noted, 'in the morneing docter Coxse being heare, who because of my Lorde being very ill I sent for from Londone, I was by my being imployd with him about direction for my Lo. health.'[140] On August 14 Mary recorded: 'I had the day before sent for docter Mikellthawt…when he came he fond my Lo. very weake and thought his condition to be dangerous in case another fitt should come, fearing that he might dye in one.'[141] The following day Mary and John Micklethwaite sat side by side at her husband's

---

[136] Daniel Parsons, ed., *The Diary of Sir Henry Slingsby of Scriven* (York, 1836), 39-40.
[137] Ibid, 47-8.
[138] Hannah Smith, "Anthony Walker," ODNB, http://www.oxforddnb.com/view/article/68212?docPos=1.
[139] See, for example, BL, MS Add., 27351, 35v, 257r; 27353, 31v-49r; 27355, 16r.
[140] BL, MS Add., 27353, 144v.
[141] Ibid, 207r.

sickbed, and treated the patient together when he experienced a convulsion fit: 'about noone, as docter Micklethwate and I ware sitting by his bed in one moment…[he] fell into a sad fitt againe of Convulsions…all thinges the doctor directed ware done to bring him to life againe, in which I assisted.' On August 24 she noted, 'towards evening my Lord grew much worse and when docter Mikelthawte came that night from London he judged him in a very dangereous condition.' The physician sent for the family chaplain, Mr Woodroose, to come and pray with the patient. When Mary's husband died later that night, she had been outside the bedchamber being comforted by her sister. Of all the people present who could have delivered the news to Mary, it was Dr Micklethwaite, as she recalled 'this sad newes was first told me by docter Micklethwate, I reaceaved it with unexpressable griefe, and fond my selfe more sadly afflicted then ever in all my life.'[142] The interactions between Micklethwaite and his employers, which saw the physician work closely alongside family members in the care of the patient; instigate religious comfort; and deliver intensely personal and distressing news; were perhaps underpinned by the religious convictions he and his patrons shared.

The practices of the Quaker physician Albertus Otto Faber, and the Presbyterian physician Thomas Coulton, further highlight the intimate exchanges that could take place between co-religionist patients and practitioners. Faber appears to have worked, almost exclusively, amongst the Quaker community.[143] A letter written in 1664 from one of his patients based in Lincolnshire, who was at the time in gaol on account of his nonconformity, reads: 'Dear Friend, I received thy letter wth the last p[ar]sell of bottles…I haue not vsed soe much of thy ens pria of late as formerly I did…but seuall who haue bennefitt by it speak well of it, so if I injoy my Liberty I may come to use a greater quantity againe.' The letter proceeded, 'ye Judge gaue a cruell charge at the Assises the last weeke and did aduise the Justices not to suffer any meetings but to Imprison all…here are many (to whom truth is pretious) given vp in the will of the Lord to suffer & bare a testimony for god.'[144] The activities of Thomas Coulton, who was a 'preacher and teacher of some dissenting congregation in the City of York' and also practised medicine,[145] are equally revealing. The practitioner formed an especially close relationship with the Presbyterian and benefactor, Sarah Hewley (1627-1710), of Naburn. Not only did he treat Sarah Hewley during her final illness, but he also wrote her funeral sermon. Highlighting the divine favour received by his patient, and co-religionist, the text asserted, 'What could keep up her relish for religious

[142] Ibid, 214r-215r.
[143] Sampson, "Dr Faber," 472-96.
[144] Penney, ed. *Extracts*, 214.
[145] T.S. James, *The History of the Litigation and Legislation Respecting Presbyterian Chapels and Charities in England and Ireland* (1867), 226-38.

exercises when they were so fatiguing to the body, but some prelibation of God's love in them.'[146]

In direct contrast, a number of cases demonstrate how relationships between physicians and patients frequently transcended the confessional divide. For instance, the Anglican physician Henry Power, and the Catholic physician Alexius Vodka, regularly treated patients from across the religious spectrum.[147] It is also clear that such practices were far from atypical.[148] Furthermore, such interactions could be deeply affectionate. The relationship between the Catholic physician Thomas Cademan, and his Protestant patient Francis Russell, the Earl of Bedford (1587-1641), provides a case in point. Cademan treated the Earl during his final illness, and went on to publish a commemorative tract documenting the encounter. The tract indicates that Cademan often treated Russell during his lifetime, and provided emotional support to the patient during his final hours:

> I believed it was but a simple boyling of blood, which he had often formerly had, and had neither the infection nor the perill of the small poxe. I endeavoured to be very cheerefull with him; having ever found that the speeches of the Physitian, as good and bad aspects to governe and raigne much in the hearts and thoughts of the Patients, and much more with their passions, highten, or lessen the power of their sickenesse.

Furthermore, the physician revered his patient's Christian resolve. Having witnessed the manner of Russell's death Cademan stated, 'his breath was spent before his eies and hands ceased to be lifted up to heaven, as if his soule would have carried his body along with it. Thus though hee commanded his body to bee buried with decency, but not pompe, yet I could not but publish the glorious manner of his death.'[149]

Conclusions

This chapter has explored the extent to which physicians acted 'the part of the Diuine' in their daily medical practices; and the manner in which they spoke 'to the soule[s]' of their patients in this context. From the cases presented, it seems clear that spiritual concerns, and spiritual care, comprised integral components of the physician's office. Accordingly, physicians engaged in a number of acts that we might term practices of 'religion *in*, or *as*

---

[146] Thomas Coulton, *The Funeral Sermon of Dame Sarah Hewley Preached at St. Saviourgate Chapel, York, 1710, by the Rev. Thomas Coulton, M.D* (1836), 15.
[147] For Henry Power see BL MS Sloane, 1351-1355; for Alexius Vodka see F.R. Raines, ed., *The Journal of Nicholas Assheton* (1848), 122, 129.
[148] See chapter two, 76-110.
[149] Thomas Cademan, *The Earle of Bedfords Passage to the Highest Court of Parliament* (1641), 1-5.

medicine'. They attached a particular significance to the provision of spiritual comfort, a practice that duly calmed the passions, and so procured tangible physical benefits. This could be done in a number of ways: through prayer, through the recitation of scriptural extracts, through recourse to providential notions, through the recommendation of self-examination, or through the recommendation of Christian patience. Such practices were commended in tracts published by, and for, physicians. They were also documented in the casebooks, notebooks, papers, and letters written by practitioners.

Since religion was central to their practice, the confessional identity of physicians was significant. Confessional convictions could shape forms of self-presentation, underpin associations between practitioners, and influence relationships between practitioners and their patients. John Downes's efforts to present himself as an Anglican practitioner, and John Micklethwaite's interactions with co-religionists, offer cases in point. That said, interactions between the Anglican physician Henry Power and the Catholic Townley family, and between the Catholic physician Thomas Cademan and the Protestant Earl of Bedford, offer striking counter-examples. The presence of such varied, indeed paradoxical, cases reflects two things. First, it suggests that some healers may have felt bound by the Christian duty of charity to treat those who espoused 'rival' beliefs. Second, it highlights the cordial, and at times deeply affectionate, relationships that could operate across the religious divide. The deeply intimate exchanges that took place between practitioners and patients is a further theme this chapter has explored. In particular, physicians witnessed, and engaged in, intensely spiritual and emotional scenes at the bedside. The broader significance of such observations is the subject to which I will now turn.

Chapter Three
Diagnosing Sanctity

This chapter is about the appraisal and commemoration of individuals considered to be exceptionally virtuous, even sanctified. It considers the qualities that people admired in these individuals, two of which stand out in the primary literature: their physical appearance and physical comportment, in sickness and in death. Attendants at the bedside, both clerical and medical, examined these patients in order to decipher symptoms of sanctity, that is, whether God had left visual signs of divine intervention upon their bodies. Signs included the demonstration of exceptional strength; the remarkable absence of pain; the progression of an illness that appeared to contradict natural laws; and the discovery of extraordinary internal features during post-mortem dissections. These findings were then corroborated and published, usually within a funeral sermon or spiritual biography. By examining such accounts, I draw attention to the manner in which attendants observed and recorded the appearance of patients' bodies during sickness and following death. I also highlight how such observations provided an effective channel through which notions of sanctity and confessional identity could be mediated. In such contexts the religious aspects of medical practice came to the fore, as contemporaries across both the confessional and occupational divide used corporeality to think about Christian spirituality.

First, a brief note about funeral sermons and spiritual biographies. As I noted in the introduction, this material is scarcely unproblematic, especially concerning what it can reveal about daily practices. It is highly stylized and, designed to emphasise achievements, contains a degree of exaggeration. The laudatory tone of funeral sermons and lives was rooted in a deep-seated social impulse to think well of the dead. Contemporaries were familiar with the classical aphorism *de mortuis, nil nisi bonum* (speak nothing but good of the dead). Advice literature followed suit, such as George Puttenham's *The Art of English Poesie*, 1589, which considered 'saying well of the departed' a central aim of commemorative writing.[1] Similarly, Jeremy Taylor's discussion of the genre in his *Exercises of Holy Dying,* 1651, stated 'let us right their causes, and assert their honour.'[2]

At the same time, authors were aware of the charge that they engaged in forms of unwarranted flattery. Such charges were further sharpened by the religious tensions of the period, and it was not uncommon to find confessionally opposed authors accusing one another of engaging in forms of gratuitous praise. Establishing the authenticity of accounts was therefore paramount. First, this involved developing a rationale for a duty of praise,

---

[1] Peter Marshall, *Beliefs and the Dead in Reformation England* (New York: Oxford University Press, 2002), 158-269.
[2] Jeremy Taylor, *The Rule and Exercises of Holy Dying* (1651), 335.

where authors asserted that by making known the virtues of their subject, they were in fact praising God for them, while also providing exemplary patterns of piety for the living.[3] Second, it involved recounting the subject's virtues in forensic detail, which often incorporated a close description of their physical features, and how such features provided evidence that the subject was in receipt of divine favour.

Appraising the physical appearance of virtuous individuals had a particularly long-established tradition. The connection between the physical body and spiritual transformation had roots in scripture most notably in the psalms and the book of Job.[4] A focus on the state of the dying body was also a feature of early mystical writings, of tracts documenting Christ's passion and saints' lives, as well as literature on the *Ars Moriendi*.[5] Popular manuals further asserted that only those favoured by God would meet a peaceful end. So Thomas Becon stated in his *Sycke Mans Salve*, 'To the unfaithfull, death indeed is terrible and fearefull...But to the faithfull and true believers Death is pleasant and amiable. As it is written: pretious in the sight of the Lord is the Death of his Saints.'[6] Likewise, in his *Resolved Christian*, which ran through seven editions between 1600 and 1632, the clergyman Gabriel Powell asserted: 'when the godly and sincere worshippers of God do feele…the pain of diseases, or the horror of death; their courage quaileth not, but rather kicke all desperation aside…[and] they find such sweetnesse in the fauor and grace of God.'[7]

Funeral sermons and spiritual biographies drew heavily upon these templates, prompting several historians to question their utility. Patrick Collinson, for example, has characterised them as products of essentially classical modes of discourse, asserting that constraints of convention within the genre provide, at best, tangential evidence about the lived experiences of their subjects.[8] However, a number of scholars have re-evaluated the advantages of this material. Eric Carlson has demonstrated that such texts could be far from formulaic or constrained by convention;[9] and Peter Lake has usefully reminded us that no matter how idealized such portraits may have been, they also had to be recognisable, as the whole rationale behind funeral sermons and lives lay in there being a basic fit or congruence

---

[3] Marshall, *Beliefs*, 268.
[4] Sarah Covington, *Wounds, Flesh and Metaphor in Seventeenth-Century England* (Basingstoke: Palgrave, 2009), 145.
[5] See, for example, Julian of Norwich, *Revelations of Divine Love translated into Modern English by Clifton Wolters* (London: Penguin Books, 1966); Hugh Latimer, *The Seconde Sermon of Maister Hughe Latimer which he Preached before the Kynges Maiestie* (1549), esp. 207-9; Christopher Sutton, *Disce Viuere Learne to Liue a Briefe Treatise of Learning to Liue, Wherein is Shewed that the Life of Christ is, and ought to be, the Most Perfect Patterne of Direction* (1617); William Caxton, ed., *The Golden Legend or Lives of the Saints* (Dent, 1900); Anon, *Ars Moriendi. Here Begynneth a Lyttel Treatyse…Called the Ars Moriendi, that is to saye, the Crafte to Dye* (1532).
[6] Thomas Becon, *The Sycke Mans Salve* (1631), 205.
[7] Gabriel Powell, *The Resolved Christian, Exhorting to Resolution* (1600), 91-2.
[8] Patrick Collinson, *Godly People: Essays in English Puritanism and Protestantism* (Wiltshire: Anthony Rowe LTD, 1982), 499-525.
[9] Eric Josef Carlson, "English Funeral Sermons as Sources: The Example of Female Piety in pre-1640 Sermons," *Albion* 32 (2000): 567-97.

between the image produced in the pulpit, and the recollections of the audience who had known the subject in life.[10]

It is important to note that the authors this chapter considers had known their subject directly, and had actively tended to their sick body. Given this direct relationship between the authors and their subjects I believe we can, if with considerable care, use the tracts to shed light on the practices by which exemplary bodies were examined and appraised. To make this case, my selection of source material was based on three central objectives. First, in order to provide a comparative perspective, the evidence gathered affords information on individuals from across the confessional spectrum. Second, and in keeping with a desire for comparison, I have sought to find tracts that documented the exemplarity of both men and women. Third, as my central aim is to examine the ways in which virtue was appraised in relation to the physical body, I use tracts that provide the richest detail about how this was done in daily life and practice.

Whilst the individuals these tracts describe were exceptionally virtuous, it is important to stress that a wide range of people wanted to engage with, and talk about, them. Bedside attendants were eager to record their appearance and conduct. These observations were then published, which suggests that a broader audience wished to engage with such information. This is supported by the fact that many funeral sermons and lives went through multiple editions,[11] and a number were passed around in manuscript form before they were published.[12] The evidence I have gleaned from this material will be presented thematically, starting with the sick bed; then the deathbed; and finally, the treatment of patients following death. In each of these settings both clerical and medical attendants sought to diagnose the sanctity of individuals in their care.

Making such a diagnosis rested on the practice of looking. Both clerical and medical attendants did a lot of looking on a daily basis as they worked to heal those they cared for, evaluating visual signs of recovery or deterioration so that appropriate remedies could be administered. They also operated in a culture where physical appearances carried deep significance. Natural theological concepts were particularly meaningful. As Francis Bacon

---

[10] Peter Lake, "Feminine Piety and Personal Potency: The Emancipation of Mrs Jane Ratcliffe," *Seventeenth Century* 2 (1987): 143-65.

[11] This includes seven of the tracts discussed here: Thomas Cademan, *The Earle of Bedfords Passage to the Highest court of Parliament…Observed by his Lordships Physitian Doctor Cademan* (1641); Edward Rainbowe, *A Sermon Preached at Walden in Essex, May 29th. At the Interring of the Corps of the Right Honorable Susanna, Countesse of Suffolke* (1649); John Batchlier, *The Virgins Pattern: In The Exemplary Life, and Lamented Death of Mrs. Susanna Perwich* (1661); Edmund Barker, *A Sermon Preached at the Funerall of the Right Honourable and most Excellent Lady, the Lady Elizabeth Capell* (1661); Thomas Ken, *A Sermon Preached at the Funeral of the Right Honourable the Lady Margaret Mainard, at Little Easton in Essex* (1682); Edward Scarisbrick, *The Life of the Lady Warner of Parham in Suffolk* (1692); Jonathan Owen, *A Funeral Sermon Opening the Nature and Grounds of Assurance, Occasioned by the Death of Mr. Philip King* (1700) [all went through two editions].

[12] This includes one of the biographies discussed here: Thomas Hunter, *An English Carmelite: The Life of Catharine Burton, Mother Mary Xaveria of the Angels… Collected from her own Writings and Other Sources* (1876).

explained in his *Advancement of Learning*, 1605, 'Naturall Theologie…is that knowledge or Rudiment of knowledge concerning God, which may be obtained by the contemplation of his Creatures which knowledge may bee truely termed Divine, in respect of the object.'[13] Such concepts persisted throughout the century and beyond. For example, the Anglican physician Thomas Willis noted in his *Practice of Physick*, 1684:

> I profess the great God, as the only Work-man…Out of this various Zootomie or Anatomy of the more perfect Beasts…the wonderful things of God are very much made known…not only the Face and Members, but also the inward Parts, as it were the Hearths and Altars for the continuing the Vital Fire, shew them to be of a most Elegant and Artificial and plainly Divine Structure.[14]

The significance of physical appearances was also framed by beliefs associated with physiognomy. In essence, physiognomy constituted a model for identifying the internal affections of the natural body, that is, it concerned knowledge about a person's soul, with their face and body acting as a mirror or window onto it. The concept was neatly described by the physician Thomas Browne in his treatise *Religio Medici*, 1642. In it he explained, 'there are mystically in our faces certain characters which carry in them the motto of our soules wherein he that cannot read *A.B.C* may read our natures…The finger of God hath left an inscription on all his workes.'[15] Thomas Hill's *Treatise of Physiognomy* defined it as 'a knowledge which leadeth a man to understanding the motions and conditions of the spirite…by the notes and lines of the face and bodie…all the workings and passions of the spirit, appear to be matched and joyned with the bodie.'[16] Likewise, John Evelyn's physiognomical treatise of 1697 noted that 'a great regard should be had to remarkable Externals,' for 'if so it be that the Fibres of the Brain extend to the Heart, and even to the very remotest Parts of the Body, so as there is not a Sensory, or the least Muscle but is affected: 'Tis not at all hard to comprehend…how our Inclinations, and Passions discover, and betray themselves in our Countenances.' Evelyn also revered those with a 'clogg'd' body who could 'yet surmount, and break through all impediments' to show that 'Vertue may be born.'[17]

Physiognomical concepts were further expressed in funeral sermons and biographies.

---

[13] Francis Bacon, *The Two Bookes of Francis Bacon: Of the Proficience and Advancement of Learning, Divine and Humane* (1605), 69.
[14] Thomas Willis, *Dr. Willis's Practice of Physick being the Whole Works of that Renowned and Famous Physician* (1684), 5.
[15] Thomas Browne, *Religio Medici* (1642), 116.
[16] Thomas Hill, *A Pleasant History Declaring the Whole Art of Phisiognomy* (1613), 7.
[17] John Evelyn, *Numismata, a discourse of Medals, Ancient and Modern Together with some Account of Heads and Effigies of Illustrious, and Famous Persons* (1697), 309-39.

For example, in 1660 the Church of England clergyman George Ewbancke recorded the life of a congregant, Margaret Marwood of Burton in north Yorkshire. The sermon recounted that 'virtue was legible in her looks and goodness engraven upon her countenance.'[18] In 1677 Edward Rainbowe wrote the funeral sermon for the committed Anglican Lady Anne Clifford of Skipton, Yorkshire. He stated, 'She had a clear Soul shining through a Vivid Body; her Body Durable and Healthful, her Soul Sprightful...These are great Advantages for Wisdom and Vertue.' The narrative continued:

> Without these, without the aids of a healthful well-constituted Body, fitted to serve the Commands of a great Mind; seldom any Great and Heroick Actions can be produced. Wisdom if it be not well seated, has not fit space and room, nor well disposed Organs; cannot express, or lay out it self; without Tools the best Artificer, cannot finish any Work, nor bring it to Perfection.[19]

In like manner, the Jesuit Edward Scarisbrick penned the funeral sermon for the Suffolk recusant Lady Warner in 1692. Audiences were informed that she 'gave us a clear evidence of her Sanctity after her Death, by those extraordinary favours He Communicated to her Corps…proofs of that sublime fund of Grace and Sanctity.'[20] Scarisbrick continued:

> The bounty and liberality of God to his Servants is such, that as they give signs of their Love towards him in their Life, as well in Body as Soul; so he often expresses marks of his after their Death, not only to their souls in Heaven, making them partakers of his Beatifical Vision, but also extends such marks of his Love to their Bodies, still in this World, as may signifie to us, the happiness of their Souls in the other.[21]

Martin Porter's recent research on physiognomy has highlighted that medical students, physicians, and clerics were particularly conspicuous among owners of physiognomical books.[22] These findings reflect the views of contemporary writers such as Richard Saunders, a medical practitioner whose 1653 treatise on physiognomy deemed it 'a science very necessary for Ministers and Physitians, in their visitation of the sick.'[23] In 1663 the physician Edmund Gayton published a treatise on *The Religion of a Physician*, noting

---

[18] George Ewbancke, *The Pilgrims Port or The Weary Mans Rest in the Grave Opened and Improved in a Sermon, at the Funeral of the Honorable Ms. Margaret Marwood* (1660), 129.
[19] Edward Rainbowe, *A Sermon Preached at the Funeral of the Right Honorable Anne, Countess of Pembroke* (1677), 16.
[20] Scarisbrick, *Lady Warner*, B3-B5.
[21] Ibid, 257-8.
[22] Martin Porter, *Windows of the Soul: Physiognomy in European Culture 1470-1780* (Oxford: Clarendon Press 2005), 105-12.
[23] Richard Saunders, *Physiognomie, Chiromancie, Metoposcopie* (1653), B5.

that the human body was 'highly eased and fitted for Divine contemplation…A Physician therefore and a Divine you see are not inconsistent.'[24] Likewise, in 1696 the author John Edwards noted, 'There are some footsteps of Religion in the Prescriptions of Physitians,' and of medical students he contended 'we see that this Rank of Students are disposed to be Religious, and their Employment leads them to it, because they are continually studying and contemplating the Works of God.'[25] Personal reflections are equally revealing. In 1661 the Essex physician James Thicknes wrote to John Evelyn noting that 'thoughts of dying well may be as advantageous to me as of living well.'[26] Similarly, in 1697 the physician Robert Pierce considered the physical state of his patients noting 'order it by thy Providence, that it may be to thy Praise; Encline me more and more to the Study and Practice thereof.'[27]

Clearly, then, when it came to looking at, and interpreting, the physical appearance of the human body, clerical and medical attendants could draw upon the same concepts. They brought a number of *shared* visual skills and habits to bear upon their looking practices, which engendered a *shared* impulse to look for the ways in which the state of the soul could be deduced via the physical appearance of the face and body.[28] This enabled *all* attendants at the bedside to use the surfeit of visual bodily signs to move from the visible to the invisible, from nature to God. Such intricately conjoined practices are often overshadowed as we tend to think in terms of rigid professional categories – the medical practitioner's domain the body, and the clergyman's domain the soul – when in practice these categories could melt away. Indeed, such distinctions would have been inexplicable to contemporary mindsets, since the belief systems and practices we now separate out into things called 'religion' and 'medicine' were not concretely divided in the past.

The tendency to conceptualise religion and medicine as separate domains of activity is especially apparent in histories that concern the sick and the dying.[29] For example, Ralph Houlbrooke has argued that by the late seventeenth century the physical features of the sick body stopped being viewed as indicators of sanctity, and that once people began to cast doubt over this, believing that the sickly body 'told the bystander nothing about his or her spiritual state…the movement towards a medical management of the deathbed' was underway.[30] Furthermore, in his edited collection on death, ritual and bereavement Houlbrooke claims that conceptions of the deathbed test had declined by the eighteenth

---

[24] Edmund Gayton, *The Religion of a Physician* (1663), B1-B3.
[25] John Edwards, *A Demonstration of the Existence and Providence of God* (1696), 133, 149.
[26] BL, MS Add. 783111, 31r.
[27] Robert Pierce, *Bath Memoirs: or, Observations in three and forty years practice, at the bath what cures have been there wrought* (1697), 394.
[28] On the concept of visual skills and habits see Michael Baxandall, *Painting in Fifteenth-Century Italy* (Oxford: Oxford University Press, 1988). This work develops the notion of a 'period eye' – the visual skills a beholder has because 'he is himself a member of the society he works for and shares its visual experience and habit,' 40-5.
[29] See footnotes 3, 33, 43-54, 60-1 in "Introduction".
[30] Ralph Houlbrooke, *Death, Religion and the Family in England 1450-1750* (Oxford: Clarendon Press, 1998), 203-7.

century. Instead, making death less of a physical ordeal became the avowed aim of many members of an increasingly influential medical profession: 'to some extent the doctor replaced the clergyman.'[31] Similarly, Roy Porter has argued that death became 'medicalized' in the early modern period through changes in bedside management, with doctor-assisted care gradually replacing that of the spiritual instructor. So he asserts, 'From womb to tomb, the empire of medicine was spreading.'[32]

Alongside accounts of progressive medicalization, historians have asserted that only nonconformists continued to engage with religious interpretations of the body. For example, Mary Fissell has argued that as 'naturalistic' explanations of sickness rose during the seventeenth and eighteenth centuries the meanings people derived from observing the sick body shifted, whereby more religiously inclined interpretations became the reserve of dissidents. As she asserts, Quakers and Methodists were 'two exceptions to this secular style…[for] in both cases, the meaning of illness was not invested in its first causes but in its opportunity for the sufferer to exhibit grace.' She continues, 'these 'enthusiastic' explanations of illness were exceptional, they provide a counterpoint to far more widely held beliefs, among doctors and patients, about the importance of the causes of illness.'[33]

Such assumptions are also evident in recent publications on miracles and wonders. Jane Shaw's study of miracles in enlightenment England examines claims of divinely inspired healing issued by members of independent churches and sects. These claims are then set against attempts by Anglicans and natural philosophers to negotiate a middle way between the extremes of atheistical skepticism and nonconformist enthusiasm. Shaw therefore sets the beliefs of nonconformists rather sharply against the official 'Protestant doctrine of the cessation of miracles' and, so she contends, 'the scepticism which ultimately emerged from it.'[34] Similarly concerned with the nature of religious enthusiasm, Lorraine Daston and Katharine Park's study of wonders between 1150-1750 explores the prodigious claims of puritans, Quakers, Anabaptists, millenarists and Cevennes prophets who, by asserting supernatural authority over matters associated with the body, such as exorcism and divine healing, could challenge the established authority of crown and church.[35]

Undoubtedly, the relationship between nonconformity and religious interpretations of the body is an important association that demands our attention. So too are the contemporary reactions to religious enthusiasm that arose following the civil war. The term 'enthusiasm' itself became a standard label by which to classify groups who allegedly

---

[31] Idem, ed., *Death, Ritual and Bereavement* (London: Routledge, 1989), 20-2.
[32] Roy Porter, "The Hour of Phillipe Aries," *Mortality* 4 (1999): 83-90, 89.
[33] Mary Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," in *British Medicine in an Age of Reform*, ed. Roger French and Andrew Wear (London: Routledge, 1991), 92-101, 98-9.
[34] Jane Shaw, *Miracles in Enlightenment England* (New Haven: Yale University Press, 2006), 1-3.
[35] Lorraine Daston and Katharine Park, *Wonders and the Order of Nature 1150-1750* (New York: Zone Books, 1998). 329-60.

claimed to have direct divine inspiration,[36] and a number of historians have highlighted the markedly uneasy reception such claims received. For example, Ian Bostridge has suggested that as divinely inspired events took on an increasingly political character in the late seventeenth century, in which rival parties produced competing compilations of prodigies, the belief systems upon which they rested became discredited.[37] Moreover, with the rise of the new empiricist epistemology in natural philosophy, a collective desire to incorporate evidence, truth and credibility into 'miracle stories' ensued.[38] The veritable explosion of clinical and anatomical reports known as *historia* or *observationes*, which referenced the knowledge and description of particulars, further highlights the rising epistemology of experience and observation.[39] In this context, authenticating testimonies was paramount, and recourse to bodily evidence and bodily witnesses became increasingly common.[40]

Accordingly, divinely inspired events were repeatedly subjected to empirical inquiry. Simon Schaffer, for instance, has studied the case of a Presbyterian woman's abstinence from food in Restoration Derbyshire, which attracted the attention of divines, physicians and natural philosophers. The episode saw a Presbyterian minister use the evidence of medical chemistry to verify her abstinence as a miracle, whereas a Tory physician who 'subjected her body to the most strenuous examination' reckoned her to be a fraud.[41] Scholars have also examined the very public doubts raised against nonconformists who claimed they had healed patients through divine inspiration. For example, when Quakers declared that they had healed individuals through the laying on of hands Anglican groups derided their claims as 'feigned thinges', and asked them to produce such 'miracles' publically before witnesses.[42]

---

[36] Michael Heyd, *Be Sober, Be Reasonable: The Critique of Enthusiasm in the Seventeenth and Early Eighteenth Centuries* (Leiden: Brill, 1995), 2.
[37] Ian Bostridge, "Witchcraft Repealed," in *Witchcraft in Early Modern Europe: Studies in Culture and Belief*, ed. Jonathan Barry et al. (Cambridge: Cambridge University Press, 1996), 309-34.
[38] Shaw, *Miracles,* 119-43; Simon Schaffer, "Piety, Physic and Prodigious Abstinence," in *Religio Medici,* ed. Grell and Cunningham, 171-203.
[39] Giana Pomata, "Praxis Historialis: The Uses of Historia in Early Modern Medicine," in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. idem and Nancy G. Siraisi (Cambridge and Massachusetts: MIT Press, 2005), 105-46; Giana Pomata, "A Word of the Empirics: The Ancient Concept of Observation and its Recovery in Early Modern Medicine," *Annals of Science* 68 (2010): 1-25; idem, "Observation Rising: Birth of an Epistemic Genre, 1500-1650," in *Histories of Scientific Observation*, ed. Lorraine Daston and Elizabeth Lunbeck (Chicago: UCP, 2011), 45-80. These works track a change in the meaning of the word 'observatio', which shifted from observance to empirical observation.
[40] See, for example, Vanessa McMahon, "Reading the Body: Dissection and the 'Murder' of Sarah Stout, Hertfordshire, 1699," *SHM* 19 (2006): 19-35; Judith Bonzol, "The Medical Diagnosis of Demonic Possession in an Early Modern English Community," *Parergon* 26 (2009): 115-40.
[41] Schaffer, "Piety," 171-203.
[42] Shaw, *Miracles*, 52-63. On the significance of witnessing in a natural philosophical context see Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle and the Experimental Life* (New Jersey: Princeton University Press, 1985), esp. 22-79. Here, they explore the capacity of seventeenth-century experiments to yield 'matters of fact'. In particular, they highlight that if knowledge was to be experimentally based then its experimental foundations had to be witnessed: 'Experimental performances and their products had to be attested by the testimony of eye witnesses…[and] the multiplication of witness was an indication that testimony referred to a true state of affairs in nature', 55-60.

Whilst there is much to be taken from this research, the differences between nonconformist and conformist approaches to the sick body have been overstated. As Alexandra Walsham has recently noted, the polemical slogan that miracles had ceased needs to be set alongside works of divinity that continued to carve out a place for miracles within a Reformed universe.[43] The Protestant doctrine of providence, which upheld the notion that God persistently intervened in human affairs, including those pertaining to the body, offers a case in point.[44] Historians have also highlighted that with the advent of Hobbesian materialism and Cartesian rationalism in the seventeenth century, a renewed determination to defend Protestant assumptions about the spiritual realm ensued. This encompassed a more proactive and empirical approach to proving the existence of the supernatural within Christian ranks.[45] Building on this premise, this chapter demonstrates that *both* nonconformists *and* conformists continued to engage with religious interpretations of the body. Accordingly, contemporaries across the confessional spectrum sought to diagnose the sanctity of individuals in their care, proving that God had left marks of divine intervention upon their bodies. Such examinations therefore provided a means by which to determine whether an individual, and by extension their co-religionists, were in receipt of divine favour; thus functioning as an effective channel through which notions of confessional identity could be mediated.

I

Before charting the workings of this process, the broader historical context needs to be considered further. It is particularly important to note that avid interest in the meanings one could derive from observing the human body spilled over into the realm of confessional politics during the period. One of the most pressing concerns was religious dissimulation, or Nicodemism, which involved a disjuncture between the internal commitments of the soul and the outward actions of the body. The Jesuit Robert Persons confronted the issue in his tract on 'certaine reasons why Catholikes refuse to goe to church' in 1601. Its pages advised readers against doing 'anything whereby we may be thought to honour' the 'contrary religion' as 'although in hearte we despise them, yet we edify or induce those that knowe not our hearts, indeede, to honour the same…[and] they that doe knowe him inwardly to be a

[43] Alexandra Walsham, "Miracles in Enlightenment England," *CHR* 94 (2008): 385-6.
[44] Idem, *Providence in Early Modern England* (New York: Oxford University Press, 1999).
[45] See, for example, Michael Hunter and David Wootton, eds., *Atheism from the Reformation to the Enlightenment* (Oxford: Clarendon, 1992); Alexandra Walsham, "Invisible Helpers: Angelic Intervention in Post-Reformation England," *P&P* 208 (2010): 77-130; Henry More, *An Antidote Against Atheism* (1655).

Catholicke, will thinke him to sinne against his owne conscience.'[46] The concern that a person's outer conduct might belie their inner convictions was discussed more broadly in Lewis Bayly's Protestant classic, *The Practice of Piety,* in which he warned audiences to 'Bee the same in the sight of God, who beholds thy heart that thou seemest to bee in the eyes of man, that see thy face. Content not thyself with an outward good name, when thy conscience shall inwardly tell it is undeserved.'[47]

Executions on the grounds of heresy provided a further point of contention. In particular, executions prompted the creation of numerous martyrological tracts, both Catholic and Protestant, all of which described their subjects' bodily suffering in immense detail. However, since one man's martyr was another man's heretic, these executions, and their commemoration, took place in a highly charged confrontation between rival religious groups, in which constant debates about true and false martyrs took place.[48] Controversialists attacked those whom rival believers celebrated, and frequent discussions about false martyrs found their way into many martyrological sources.[49] This engendered doubts about whether resolute suffering was a sufficient marker of martyrdom, and contemporaries began to argue that it was the cause, not the physical punishment, that made the martyr. Polemicists duly asserted that death for true Christianity was steadfastness, whilst death for erroneous beliefs was stubbornness, thereby placing emphasis on convictions rather than bodily comportment.[50] Nevertheless, the meaning of resolute suffering was not undermined simply because it was challenged.[51] Rather, confessional tensions prompted the creation of additional tracts seeking to demonstrate the sanctity of individuals by referencing their extraordinary physical capacities.

The Jesuit Annual Letters provide an example. Beginning in the early Jacobean period, the Letters worked to commemorate those who had suffered heroically for the Catholic faith, documenting feats of remarkable bodily strength as missionaries carried out their daily religious duties, and, when these duties resulted in imprisonment. Regarding one Father Edisford, who was operating in Yorkshire from 1688, it was reported that 'The whole of that winter he always travelled by night and on foot, and although exceedingly weak in health and body, yet, by the goodness of god, though he seldom returned home with dry clothes, he took no harm.' Still carrying out his duties in 1710, Edisford continued to maintain his health despite 'labouring in the most difficult districts, among the poorest of the

---

[46] Robert Persons, *A Brief Discourse: Conteyning Certaine Reasons why Catholikes Refuse to goe to Church* (English Secret Press, 1601), E1-F5.
[47] Lewis Bayly, *The Practice of Piety, Directing a Christian how to Walk that he May Please God* (1695), 304.
[48] Gregory, *Salvation*, 11; also see Anne Dillon, *The Construction of Martyrdom in the English Catholic Community 1535-1603* (Aldershot: Ashgate, 2002).
[49] Gregory, *Salvation*, 316-25.
[50] Ibid, 325-44.
[51] Ibid, 325.

poor, engaged in ceaseless excursions, during which his bed is only a wallet of straw, his drink water…his food seldom anything but dry bread…and he always returns home covered in vermin.'[52] Of those who suffered in prison the Letters discussed one John Penketh, a missionary operating in Lancashire during the 1660s, who faced 'innumerable sufferings, with an invincible constancy. So remarkable was his abstinence in matters of food and sleep.'[53] Similarly, Jeremiah Pracid, who was apprehended in a York gaol in 1681, suffered 'from what the doctors pronounced to be consumption' and it was deemed 'marvellous that in his weakly state he did not sink under the weight of the fetters with which they loaded him, and the severity of the winter which he was obliged to pass without fire, and clad in the thin summer clothing in which he was arrested.' Moreover, 'by the mercy of God' they reported that 'he not only survived, but even improved in health and strength' and, 'by his patience, modesty, and heroic virtues, he made such an impression, that many families…having been previously unfriendly to the Society, were not only reconciled to it, but so completely changed in their feelings towards it.'[54]

A renewed focus on remarkable Protestant bodies ensued. Accounts concerning the execution of Charles I in 1649, following the outbreak of civil war in 1642, offer a case in point. Royalists compared his sufferings to those of Christ, claiming his death revealed their honoured place in providential history.[55] By the same token, a series of tracts detailing the dissection of Charles I's body were published, all seeking to prove the king's sanctity with direct reference to his physiological make-up. William Sanderson's *Compleat History of King Charles* noted that following his execution: 'His Head and Trunk was instantly put into a Coffin…and conveyed into the Lodgings at Whitehall. There it was imbowelled by Chirurgions of their own, but a Physitian privately thrusting himself into the dissection of the body, relates, that Nature had designed him above the most of Mortal men.'[56] Sanderson also described a series of miraculous cures wrought by the blood of the executed monarch, 'a Relique which evidenced his Martyrdom'.[57] David Lloyd's *Memoires* of those who suffered for the Protestant religion also focused on Charles's dissection, in which 'others of them delivered his body to be Embalmed, with a wicked, but vain design to corrupt his Name, among infamous Empericks and Chirurgions of their own, who were as ready to Butcher and Assassinate his Name.' The surgeons were instructed by their masters 'to enquire whether they could not find in it symptomes of the French disease, or some evidence of frigidity and

---

[52] Ibid, 683-4.
[53] Henry Foley, ed., *Records of the English Province of the Society of Jesus Volume V* (1879), 332.
[54] Ibid, 747.
[55] Andrea Brady, "Dying with Honour: Literary Propaganda and the Second English Civil War," *JoMH* 70 (2006): 9-30.
[56] William Sanderson, *A Compleat History of the Life and Raigne of King Charles from his Cradle to his Grave* (1658), 1139.
[57] Ibid, 1138.

natural impotency'. Luckily 'an honest and able Physician intruding among them at the Dissection, by his presence and authority, awed the obseqious Wretches from gratifying their opprobrious Masters, declaring the Royal body tempered almost *ad pondus*, capable of longer life than is commonly granted to other men.'[58]

Following the Restoration, authorities sought to demonstrate the *un*sanctified nature of Oliver Cromwell's body, whereby his corpse, which had been buried in Westminster Abbey during the Interregnum, was removed and desecrated. It was later dragged to Tyburn and hanged for a day, then taken down, the head severed, and displayed on poles at Westminster Hall as a warning against treason.[59] To further establish the Restoration settlement a number of medical tracts emerged focusing on practices associated with the Royal Touch. The tracts detailed Charles II's divinely inspired ability to heal cases of scrofula, also known as the 'King's Evil'. They also documented a series of conversions that took place following this act of healing. For example, the surgical treatise by John Browne, *Adenochoiradelogia,* recounted the conversion of a nonconformist gentlewoman 'who was troubled for several years with the Evil…She, being a Nonconformist and Dissenter from our Church, and having very little Faith of His Majesties Touch' was persuaded to visit the king by friends 'who had found benefit thereof.' The women conceded and 'having received His Majesties gracious Touch, and a piece of Silver about her Neck, immediately grew better, and within a small time afterwards perfectly recovered…and she acquitted from all running Issues.'[60] Likewise, the surgeon reported that 'There was a woman Quaker which lived at Guilford in Surry, who being so perfectly blind, that she was rob'd of all light and sight' came to 'Hampton-Court, where our late King was then a Prisoner, to be touch'd by His Sacred Majesty.' The woman duly recovered 'and did there fall down upon her knees, praying to God to forgive her for those evil thoughts she formerly had of her good King, by whom she had receiv'd this great blessing.'[61]

In each of these cases proof of divine favour pivoted on the body. As such, being in receipt of grace was not just considered to be a spiritual state, but a process that contemporaries believed was empirically verifiable. In confessionally charged contexts verifying this blessing was particularly significant, providing a means by which to prove whether an individual, and by extension their co-religionists, belonged to the one true church. Moreover, such concerns did not only pertain to the bodies of monarchs and martyrs. In the everyday setting of the bedchamber, contemporaries across the confessional spectrum

---

[58] David Lloyd, *Memoires of the Lives, Actions, Sufferings and Deaths of those Personages that Suffered by Death, Sequestration, Decimation, or Otherwise, for the Protestant Religion* (1668), 221.
[59] Jolene Zigarovich, "Preserved Remains: Embalming Practices in Eighteenth-Century England," *ECL* 33 (2009): 65-104, 95.
[60] John Browne, *Adenochoiradelogia, or, An Anatomick-Chirurgical Treatise of Glandules & Strumaes or, Kings-Evil-Swellings* (1684), 316.
[61] Ibid, 141.

sought to establish whether God had left signs of His favour upon the bodies of the sick and the dying. In order to make these assertions a great deal of looking and recording had to be done, and both clerical and medical attendants took part in this process.

II

The Sickbed

Recording the conduct of a virtuous individual when on their sickbed was a recurrent theme in early modern funeral sermons and lives. Authors paid particular attention to their subject's experience of bodily hardship, interpreting their physical appearance and conduct as crucial markers of grace. Furthermore, across the confessional spectrum there was a determined effort to establish the authenticity of these accounts. This involved including testimonies from those who had witnessed and actively tended to the body of the subject. The funeral sermon of Elizabeth Capel, a committed Anglican based at Little Hadham in Essex, offers a case in point. The tract was composed in 1661 by the family's chaplain Edmund Barker, and, as a matter of urgency, the author relayed those painstaking observations he had made firsthand:

> I shall now come to her last act of all, her most Christian carriage and deportment, during the whole time of her sicknesse: and here I shall report nothing more, then what mine own eyes and ears were observers and witnesses of: for as I had the honour to attend her for many years together, in the time of her health; So in the whole time of her sicknesse, I had the happinesse to minister to her…And so, as I had the fittest opportunity of any other, I did in like manner make it my businesse, to take as exact an observation of her as I could.[62]

His exact observations concerned 'the afflictions and crosses which befell her', and as Barker contended, 'Gods goodnesse to her in this particular was very remarkable and had much of the miracle of speciall love and mercy in it…notwithstanding the weaknesse and tendernesse of her constitution.'[63] The account proceeded, 'It pleased God indeed (who best knowes what is good for his Children) to visit her with a long and tedious sicknesse; and that too, sharpened with many bitter accents of pain and torment, for severall months together.'[64] In this state, Barker recalled 'her stupendious Silence and Patience, even to a miracle, and

[62] Barker, *Elizabeth Capell*, 39.
[63] Ibid, 33-4.
[64] Ibid, 40.

the amazement of beholders'.[65] Furthermore, as Elizabeth's final day drew near, a corporeal miracle was witnessed by the author and other attendants at the bedside:

> One thing was very notable, and I beseech God to make us truly thankfull to him for it, as being a most signall instance and evidence of his goodnesse to her, and which indeed (considering the condition of her disease) may justly deserve the name of a miraculous mercy. It was this: Though her sicknesse (as I said before) was very painfull and grievous, yet it pleased God, for some dayes before her death, to deliver her from any sense of pain at all, so that she had her thoughts very free and at liberty, and made a most Christian use and advantage of that freedome.[66]

As such, 'Standers by could more easily guesse out the pains and torments which she must needs lie under, by a consideration of the kind and nature of her disease: then by any either repining language, or impatient complaints from her own mouth.'[67]

The Anglican priest George Ewbancke, who served the Wyvill family of Burton in north Yorkshire during the late seventeenth century, also focused on the bodily conduct of co-religionists when sick. In 1660 he wrote the funeral sermon for Lady Wyvill's sister, Margaret Marwood. Ewbancke recalled his many visits to Margaret during her final sickness, and concerning her receipt of divine favour, verified that 'She gave a good proof thereof.' This proof pivoted on visual bodily signs. As the author noted, Margaret exhibited 'Not one whineing look or distorted countenance…nor the least outward expression of any inward passion; but a calme quiet.'[68] He also documented an instance in which the patient displayed a feat of remarkable physical strength, for though her body was 'in a manner half dead' she was able to 'burst forth into that Panegyrick of praise, and shut up her life with that Swan-like song of the Psalmist, Psal. 116.' Adding credence to his claim Ewbancke confirmed 'I confess I was not an ear witness to this particular dying speech of hers, (for I was then out of the room) but I am credibly inform'd of the truth of this, by one who I am sure would not lye.'[69]

Thomas Ken (1637-1711), future Bishop of Bath and Wells, followed suit. Ken had been instituted into the rectory of Little Easton, Essex, in August 1663, and whilst there, became the spiritual counsellor to the devout Anglican Margaret Maynard, writing her funeral sermon upon her death in 1682. Reflecting upon Margaret's final illness, during which time

---

[65] Ibid, 43.
[66] Ibid, 44-5.
[67] Ibid, 39-40.
[68] George Ewbancke, *The Pilgrims Port or The Weary Mans Rest in the Grave Opened and Improved in a Sermon, at the Funeral of the Honorable Ms. Margaret Marwood* (1660), 136-7.
[69] Ibid, 177.

the author had been a constant presence at her bedside, he noted: 'when we have so many, so uninterrupted, and so undeniable demonstrations of the sanctity of a Person, as we have of this gracious Woman, we have no reason at all to grieve on her account, since we have not only a bare hope, but an assurance rather, that she is now in glory.'[70] These 'demonstrations of sanctity', once again, centred on the physical body. The author's recollections of the scene are worth quoting at length:

> On Whitsunday, she received her viaticum, the most holy Body, and Bloud of her Saviour, and had received it again, had not her death surpris'd us, yet in the strength of that immortal food, she was enabled to go out her journey, and seem'd to have had a new transfusion of Grace from it, insomuch, that though her Limbs were all convulst, her Pains great, and without intermission, her strength quite exhausted, and her Head disturbed, with a perpetual drousiness, yet above and beyond all seeming possibility, she would use force to keep her self waking, to offer to God her customary Sacrifice to the full, to recollect her thoughts, and to lodge them in Heaven…as if she was teaching her Soul, to act independently from the Body, and practising beforehand the state of separation.[71]

Interestingly, writing funeral sermons and lives was not just the reserve of religious attendants. In a number of cases medical practitioners opted to write such tracts for their patients. As we have seen, in 1641 the physician Thomas Cademan penned a commemorative tract about his patient and friend Francis Russell, the Earl of Bedford (1587-1641). Cademan recalled the numerous times he had treated Russell during his lifetime, and 'so my Lord sent for me againe' during his final sickness. The patient presented with 'a feverish disposition' and 'an oppression of choler in his stomacke.' A few days later 'there flourished in divers parts of his skin some red spots.' Cademan let the patient's blood and administered a series of vomits. Despite these efforts Russell did not recover, though the physician was eager to recount the exemplarity of his patient's final hours: 'nature having given over the field to devotion, which came in so armed and so invincible as I never yet saw the like, though I haue waited upon many who had no other businesse of life then to die well.' Of his patient's remarkable conduct Cademan recalled, 'his breath was spent before his eies and hands ceased to be lifted up to heaven, as if his soule would have carried his body along with it.' So the physician concluded, 'Thus though hee commanded his body to bee buried with decency, but not pompe, yet I could not but publish the glorious manner of

---

[70] Ken, *Margaret Mainard*, 20.
[71] Ibid, 39.

his death.'[72] It is interesting to note that Thomas Cademan was a reputed Catholic physician and his patient a committed Anglican. So it seems, close friendship could transcend confessional lines even in the most religiously charged of settings.

Operating in a more confessionally aligned manner, the Presbyterian physician Thomas Coulton opted to write the funeral sermon for one of his patients, and co-religionists, Lady Sarah Hewley of Naburn in Yorkshire (1627-1710). Coulton had been a close friend to his patient and acted as the main executor of her will. He was a 'preacher and teacher of some dissenting congregation in the City of York' and also practised medicine, having received an MD from Leiden in 1691.[73] Confirming this dual role, Coulton presented himself as 'Revd. Thomas Coulton, M.D.' on the title page of Sarah Hewley's funeral sermon, published in 1710. Having tended to the subject during her final illness the physician noted that her body had 'displayed what was inscribed on her heart', that 'her self-denial was wonderful, in one of her age and weakness' and since 'tedious wasting infirmities…were so natural to old age…it was admirable to find her [body] so free from wither.'[74] Making these observations, the physician seamlessly navigated between the physical and the spiritual. For example, he recalled that whilst she was in this physical state, 'Nothing could keep her from the public worship of God, but absolute inability. How often has she come hither, rather on the wings of her desires than upon her own legs!' Likewise, 'She was daily retired for secret devotion, even when, by reason of her weakness, it was not safe for her to be left alone…What could keep up her relish for religious exercises when they were so fatiguing to the body, but some prelibation of God's love in them.'[75]

Sufferers and their families made similar observations. The ability to withstand or recover from sickness was especially significant. The Essex puritan Mary Rich (1624-1678) recorded a number of such reflections in her diary compiled between 1666 and 1677. In the summer of 1666 she wrote of 'god having sent many agues in my family' so that she 'began to consider how sone I might also be sicke.'[76] Having tended to her husband and servants, and having witnessed the death of several servants from the fever whilst she remarkably remained in perfect health, Mary concluded that she must have been in receipt of 'gods spesall mersyes.'[77] Following the death of one Mrs Grace, a maid in the household, the diarist noted:

---

[72] Cademan, *Bedfords Passage*, 1-5.
[73] T.S. James, *The History of the Litigation and Legislation Respecting Presbyterian Chapels and Charities in England and Ireland* (1867), 226-38.
[74] Thomas Coulton, *The Funeral Sermon of Dame Sarah Hewley…Preached at St. Saviourgate Chapel, York, 1710, by the Rev. Thomas Coulton, M.D.* (1836), 14-15.
[75] Ibid, 15.
[76] BL, MS Add. 27351, 18v.
[77] Ibid, 18v-27r.

> In the morneing as sone as up I went in a room where my window opened just against the doore where the dead corpse of my Lady Robertes mayde was, the sight mightily affected me and made me consider that death was now entred into my house, and I was mightily moved to consider why God had yet spared me and took away one much younger then my selfe…I found my heart much affected to consider wherefore god spared me, that I might answer those endes for which I was yet spared.[78]

When she treated several servants who fell sick with small pox the following March, she once again reflected upon her receipt of divine favour, as she was remarkably spared from contracting the illness.[79]

Extracts penned by the diarist William Coe (1662-1729) offer a further case in point. Coe was born in the parish of Mildenhall in Suffolk and remained in the county throughout his life. As a committed Anglican he held several parochial offices including that of churchwarden for West Row in 1693, and was also cited by the polemicist Francis Bugg as one of the leading men of the town opposed to Quakerism during this period.[80] The diary concentrates on his final 36 years, 1693-1729, and a number of the extracts concern sickness. For example, in 1721 Coe noted, 'I was taken sick, 2 or 3 dayes after my wife was so, and about that tyme 4 of my children, Sarah and Barbara, Thomas and Nanny, but I thanck God all recovered.' He then noted, 'See Doctor Craddock's book of Knowledge and Practice 2 part, chapter 19, page 106 at directions for the sick, the mercyes there mentioned I can truly apply to my selfe, and say it is there.' The diarist proceeded to transcribe the specific extract from Samuel Cradock's instructional treatise, which read: 'Blessed be the Lord in all my life tyme I never broke a bone, never fell…into publick shame, or noisome diseases…God gave me the right shape of body, the right use of my understanding…by his Almighty providence preserved me in and from a great many dangers.'[81] Upon recovering from another bout of sickness in 1722 Coe asserted, 'Methinks it should be a most transporting delight…to be employed in the praise of that great and glorious God, by whose inexhaustible fountain of goodness wee enjoy all the blessings of life, and by whose omnipotent agency, wee are preserved from sinking into our originall nothing.'[82] My next section considers virtuous individuals who met with that 'sinking' fate.

---

[78] Ibid, 20v.
[79] Ibid, 170r-170v.
[80] Matthew Storey and David Dymond, eds., *Two East Anglian Diaries 1641-1729* (Woodbridge: Boydell Press, 1994), 27.
[81] Ibid, 251-2. Also see Samuel Cradock, *Knowledge and Practice, or a Plain Discourse of the Chief Things Necessary to be Known, Believ'd and Practised in order to Salvation* (1673), 106.
[82] Storey and Dymond, eds. *Diaries*, 253.

The Deathbed

Regarding 'the dying mans devotion' Daniel Featley's Protestant manual, *Ancilla Pietatis*, stated: 'The man that is breathing out his last gaspe needeth…Constant perseverance to hold on to the end…Lively apprehension of the ioyes of heauen…[and] Christian resolution, cheerfully to lay downe his Tabernacle, and go willingly to the Father of spirits.'[83] Featley added, 'the sicke lying at the point of death' must 'layeth open his affliction in body and mind' and 'Earnestly prayeth for Audience [and] a Sense of Gods favour.'[84] The Anglican physician John Downes (1627-1694) further reflected upon the issue, as he noted in a commonplace book, 'O eternall, Infinite and Almighty God…Having past our dayes in thy favour may wee end them in thy favour and finally by thy mircy bee riciavid into thy Heavenly Kingdome through Jesus Christ our Lord and the only Saviour.'[85] To be received into this 'Heavenly Kingdome' one had to be a member of the one true church, a topic confronted by the physician in his private journal: 'the True Church of Christ is the rule and meane, which by wee may liarne, infallibly what the trui faith of Christ is.' He continued, 'tis true that for the decirning that church wee may bee guided by our senses…those aides of the natural faculties to direct us to the Church…Truly, if the church had not such markes whiriby it might bee pircivid by our sensis what man could know to what company hee ought to joyn.'[86]

One way of sensing 'such markes' of 'the True Church' and 'Gods favour' was to examine the conduct of co-religionists upon their deathbed. Thinking visually in this setting, both clerical and medical attendants interpreted bodily expressions in terms of God's design and grace. They upheld the general validity of moving from visible signs to invisible qualities, and therefore *all* attendants at the bedside were able to reflect upon matters of the soul. In a number of cases, attempts to decipher symptoms of sanctity took place: key symptoms included unexpected or extraordinarily timed deaths, deaths that appeared to subvert natural laws, and the ability of sufferers to foresee their own deaths.

The biography of the recusant Lady Montague (1538-1609), written by the Jesuit Richard Smith in 1609, and published in 1627, provides an example. Lady Montague was born in Cumberland in 1538, and moved to the south east of England after her marriage. Smith had returned to England in 1603 after completing his training at the Jesuit College in Rome. Upon his return he became an assistant to the archpriest George Blackwell, in Sussex, and lived in Battle Abbey as chaplain to Lady Montague.[87] The author had therefore been particularly close to his subject, and was a constant presence at her deathbed. Of her final

---

[83] Daniel Featley, *Ancilla Pietatis, or the Hand-Maid to Private Devotion* (1626), 561.
[84] Ibid, 594.
[85] BL, MS Sloane 198, 27r.
[86] BL, MS Sloane 187, 15v, 50r-51v.
[87] Joseph Bergin, "Richard Smith," ODNB, http://www.oxforddnb.com/view/article/25886?docPos=2.

illness and passing Smith encouraged audiences to reflect upon 'the ornaments of…her body', which demonstrated 'some speciall markes of her excellent piety towards God and of his divine favour towards her.'[88] Recounting the medical treatment administered in these final days, the author noted that she had fallen 'into a Palsy, whereby she lost the motion of the right side of her body, and much wanted the use of her tongue.'[89] In response, an 'ointment [was] applied to her necke and arme for cure of the Palsy, which gave a loathsome smell.' Yet, 'one day her body seemed to yield a pleasing savour, which not only Catholikes, but even some Protestants which then by accident were present, did feele, and admiring, demaunded whence that sweet odour was.'[90] So Smith contended, 'To me it seemed much like sweet balme…[an] odour of vertue which she left behind her both to Catholikes and Protestants...far exceeding all earthly odour.'[91]

The author was also eager to document his subject's ability to foresee her own death, a death, which according to both clerical and medical attendants, appeared to subvert the usual course of nature. As he stated, 'to me [it] seemeth worthy of consideration…that the Phisitian three or foure dayes before her death, gave hope of recovering her health…neither indeed did there appeare to us any signe of imminent death.' He continued:

> Nevertheless, the seaventh of Aprill, which was the day before her death…the Lady requested us to say masse for her in honour of the Blessed Virgin. And behold, wheras before this time...we saw no signes of imminent death, not long after the celebration of the Masses, the very pangs of death did assault her...till…the day following... when she gave up her Ghost.[92]

Of her final hours Smith recalled, 'Whiles her sense continued, she prayed with us, and in one hand she held a Crosse till her forces fayled; in the other a hallowed light, which she held so fast even after her death, that without force it could not be wrested from her.' Adding weight to his claims, the author recounted a visit from the archpriest who 'formerly had knowne her well, yet visiting her in her sicknes, and observing her singular patience and piety, sayd he would not for any mony have missed the sight of such her excellent virtue.'[93]

The funeral sermon of Susanna Howard (1627-1649), countess of Suffolk and exemplar of Anglican piety, who resided in Audley End in Essex, offers a further example. Her family's chaplain was Edward Rainbowe (1608-1684), who, at the Restoration, was

---

[88] Richard Smith, *The Life of the most Honourable and Vertuous Lady, the Lady Magdalen Viscountesse Montague* (St. Omer, 1627), 41.
[89] Ibid, 38.
[90] Ibid, 41.
[91] Ibid, 41.
[92] Ibid, 42.
[93] Ibid, 42-4.

appointed as chaplain to the king. During his time serving the Howard family Rainbowe became particularly close to Susanna, and wrote her funeral sermon in 1649. The sermon provided a lengthy and painstakingly detailed account of her final illness and death, which began, 'it pleased God to let the violence of her disease seise upon her choycest and most exquisite part her Intellectuals...for three or four days before she dyed. But to clear up all doubts concerning her, let me tell you her Behaviour on her Death-Bed.' It 'was the most sweet, and the most comfortable, and Christian, that ever I heard of, and to satisfie all your Scruples, this last was not it, or not only it. She was Twice thrown down upon the Bed of Death.'[94]

The remarkable manner in which she was 'Twice thrown down' was, Rainbowe asserted, 'famously known to all that knew her'. The process had been lengthy and complex. As the author noted, six months before her death Susanna 'reckon'd her self to be with child', yet 'finding unusuall Symptomes, such as in that case she never had experience of, she thought that God…might finish her dayes on earth.'[95] The family duly called for the help of several medical practitioners, as 'The time past, which she expected should be the hour of Deliverance, and after it some weeks, which caused great doubting of her condition, whether she had conceived at all…Physitians and those about her concluded the Contrary.'[96] Six days later 'she fell into the Pangs of women in travell' and a midwife was called. Rainbowe carefully reported the midwife's practices around the sickbed, and her judgement of Susanna's condition: 'when the Midwife had spent all day, and could give no help, but totally despaired, in the evening it was discovered, that it was no living Child, of which she labour'd, but of that, which in the Judgement of all about her, must within a few hours (or days at most) make her a dead woman.'[97]

All attendants therefore 'confessed their hopes of Life to be small or not any' and Susanna prepared her self for death, sending for those 'nearliest related to her' and 'spake of the Comfort she had at her last receiving the Sacrament'.[98] At this point, her decline miraculously halted: 'by God's marvellous providence…making all circumstances so concur even beyond hope…that she seem'd rather by a Divine Miracle raised from the Dead, than by any humane help or hand restored from danger.'[99] Rainbowe interpreted this event as a divine deliverance bestowed upon Susanna to enable her to attend upon her father, Henry Rich, who was facing execution for collaborating with the Duke of Buckingham and attempting to raise a cavalry force for the king in 1648. Rich had been tried and sentenced in 1649, and though

---

[94] Rainbowe, *Honorable Susanna*, 24-5.
[95] Ibid, 25.
[96] Ibid, 26.
[97] Ibid, 26.
[98] Ibid, 26
[99] Ibid, 28.

Susanna was still suffering from her illness which was 'very observable by all', she was able to hold a fast in his honour, of which Rainbowe recorded, she took 'no sustenance for forty eight hours, as I am informed, nor come in bed, notwithstanding the extremity of the season and her great toyl.'[100]

Susanna was 'raised from the Dead' for half a year in total, prompting the author to speculate: 'it seemed good to our heavenly Father; (she was born by accident six Weeks, as they counted it, before her time, and had lived so many Moneths after her time might seem to have been expired.' He went on, 'Nature seem'd importunate to gain her into the world, and as unwilling to let her depart out of it.'[101] The account concluded with a description of her physical conduct on the deathbed, where 'though her disease got into her brain and bred some disturbance there' it pleased God 'to afford her many clear and bright Glimpses; One remarkable wherein she poured forth her Soul in a large prayer...This was the last Continued act of Reason, which she performed only when her strength was even spent.'[102]

Deaths that appeared to subvert nature's course became the focus of several other Protestant accounts. One case concerns the funeral sermon of Henry Curwen, which was written by his schoolmaster, Charles Croke (1590-1657). Croke, a Church of England clergyman, was presented to the living of Amersham by the Earl of Bedford in 1621. Through his reputation and connections he set up a school at his rectory that welcomed students from across the country. One student that travelled a considerable distance to attend the school was Henry Curwen, the son of Patricius Curwen, who served as JP and sheriff for Cumberland. In 1636 Curwen died at the age of fourteen, and Croke's commemorative account focused on his untimely departure. The tract proceeded, 'His death was sudden…The sudden fatall stroke came from an aposteme ingendered about the heart (as the most learned in Physike were of opinion) which not possibly finding passage soone drowned that vitall and noble part.'[103] Reflecting upon why one so young should be struck down with such a distemper Croke confirmed 'this gentleman should arrive so early, at such a height of grace…it is to stirre up young men to imitation…[and] to abash elder ones that in thrice his age have not expressed halfe his vertues.'[104] The published sermon contained accompanying verses written by friends, and one verse written by Henry Curwen's physician, Dr Stephen Axtill. The physician asserted: 'Thy patterne, he that lives like thee/ Can never dye too suddenly/ There needes no Epitaph, thy name/ Is thine owne marble, modest fame/ Shall sing this distich, here lies hee/ Whose fourteen spake him sixty three.'[105]

---

[100] Ibid, 29-30.
[101] Ibid, 28.
[102] Ibid, 32.
[103] Ibid, 19.
[104] Ibid, 20-2.
[105] Ibid, 28.

Jonathan Owen, a Presbyterian minister operating in and around London similarly reflected upon the untimely deaths of co-religionists. In 1699 he wrote the funeral sermon of a fellow Presbyterian minister, Philip King, stating that 'a violent Feaver extinguisht his Lamp in the Twenty Fifth Year of his Age.'[106] Considering the death of one so young Owen asserted, 'It is evident, God hath a Controversie with us, for his Embassadors are call'd home; not only the Aged and Honourable whose Labours commend them to all judicious Christians: But also, our budding Hopes are cut off in great measure by the surprising Death of the rising Generation.' He proceeded to name several other young ministers who had met untimely deaths, and interpreted these events as markers of divine intervention:

> Formerly God gave us many faithful Witnesses in Time of restraint, but now we have Liberty, what have we else? Now our Elijah's Mantels are dropt off, oh that a double Portion of the Spirit might be upon the succeeding Elisha's. But you of this Congregation, behold what the Lord hath done, and humbly enquire into the meaning of this sad Providence; doth not this Rod loudly call for the Unity of the Spirit in the Bond of Peace and Love? I need not inform you that the Deceased was one of these rare Instances of Grace. His Patience in Sickness, and his Triumph in Death was all more than Ordinary.[107]

This sermon was written at a time of relative stability, especially since the harsh treatment of Protestant nonconformists had been relaxed following the Act of Toleration in 1689. That said, some historians have suggested that the extension of official toleration produced countering trends towards greater separation, as if the relaxation of persecution somehow threatened group identity.[108] Owen's account appears to support this argument, whereby the author, reflecting upon the untimely deaths of Presbyterian ministers, affirmed 'Formerly God gave us many faithful Witnesses in Time of restraint, but now we have Liberty, what have we else?'[109]

Reflections recorded in diaries and letters further demonstrate the continued significance of deathbed examinations, and what these examinations might tell bystanders about the spiritual state of the sufferer. The Presbyterian minister Owen Stockton (1630-1680), who established a dissenting congregation at Colchester in 1662, kept a diary during the last fifteen years of his life. In the summer of 1677 the diarist recorded 'observations on my daughters sudden death'. She was his first born, Elizabeth, and had been suffering from

---

[106] Owen, *Philip King*, 30.
[107] Ibid, 30-1.
[108] Alexandra Walsham, *Charitable Hatred: Tolerance and Intolerance in England, 1500-1700* (Manchester: Manchester University Press, 2006), 312-13.
[109] Owen, *Philip King*, 30.

'an ague that came twice a day.' Stockton recounted that his daughter 'could not be relieved' since the illness had 'so wasted and consumed her, that she was nothing but skin and bone.' Nevertheless, even in this physical state, while 'discoursing with hir the night before she died about hir spiritual state…she had been revived and supported frequently with Scripture.'[110]

Extracts from the diary of the Presbyterian Elias Pledger (1665-1725), of Little Baddow in Essex, offer comparable insights. In 1708 he recorded the death of his wife, noting, 'it has pleased god to reuse me to a greater care and circumspection by taking away my dear wife…It pleased God to afflict her with a painful distemper occasioned by the mortifying of her leggs and other parts.' Pledger continued, 'She dyed on the 15 of feb…at 7 of the Clock in the morning.' Indicative of divine intervention, his wife had passed 'with out a sigh or groan, which we were afraid she would have hard strong Convultions occasioned by her mortification, as it has happened to many others.'[111] The diarist duly reflected upon 'God in the world' and the 'admirable differences of the features of man', whereby 'The being of God is witnessed to by extraordinary occasiones.'[112]

The Essex puritan Mary Rich likewise contemplated the significance of deathbed conduct. An extract of her diary from January 1669, stated:

> My good friend Mrs Smith before she diede when she was so faint that she could hardly be herd to speake sayd over to hur sefle which the minister over herd this portion of Scripture often (the Lord is my portion faith my Soule therefore I will waite for hime). I could not but be thinkeing of her hapy condition, and was by those thoughtes put upon begging with many teares the Lord for my portion, that I might upon my deathbed be able to say as she did.[113]

Touching upon the same issue in August 1671, she recounted that 'it pleased God to make me meditate upon the happy condition of a Child of God, both heare and heare-after, and upon the great difference between them and the unregenerate at death, and after it.'[114] Reflections penned by the diarist Elizabeth Bury, (1644-1720), a devout Presbyterian based in Huntingdonshire, provide comparable insights. Regarding 'the death of an intimate friend' in 1710 she noted, 'I came hither to close the Eyes of my dear Friend…I bless God who brought me to her Instructive Death-Bed: Where Faith, Submission, Patience, and almost uninterrupted Joy, in breathing after her dear Redeemer, more than equall'd all I ever saw.'

---

[110] DWL, MS 24.7, 91.
[111] DWL, MS 28.4, 83v-84r.
[112] Ibid, 172v-173r.
[113] BL, MS Add. 27352, 36v-37r.
[114] Ibid, 216r.

She added, 'I saw that neither the strength of Pain, or weaknes of the Patient, can hinder a Triumphant Exit, when God will make his Joy our strength.'[115]

Medical practitioners followed suit. The Anglican physician Thomas Willis described the Christian countenance of a female patient in his *Practice of Physick*, 1684. In a chapter on 'Universal Convulsions' he noted 'A very fine and religious maid…about the 20th year of her Age, was afflicted for many days' when a 'Convulsive Distemper invaded the outward members and Limbs of the whole body, her arms and hands.' Of her physical comportment he recalled, 'she was necessitated to spread abroad her leggs, and feet, here and there, to strike them against one another, and to transpose or cross them by turns.' Following this 'great labour of the Muscles, presently she was taken with a difficult and short-breathing with a sense of Choaking.' Her condition steadily declined, yet, on her deathbed the physician observed: 'her eyes, jaws, mouth, and lower bowels, remained free from any Convulsion.' Moreover, 'she was still her self, and had truly the use of her memory, understanding, and phantasie, she did, nor said any thing madly or foolishly: but in these wonderful evils she shewed an admirable example of Christian fortitude and patience.'[116]

A series of letters written by the Anglican physician Thomas Wharton (1614-1673) provides a further example.[117] As already discussed, these letters demonstrate that medical attendants were equally concerned with matters of the soul. Moreover, they interpreted bodily expressions in terms of God's design and favour. In March 1673 Wharton wrote a letter to Ms Morland regarding the death of his friend, and patient, Dr Rumwell. The letter confirmed, 'He that leads a good life can never miss of a good death, and certainly that is the best death that concludes us with the least toyle.' Regarding the Christian resolve of his patient the physician assured, 'hee died quietly, scarce with a groane' despite the fact that 'when I cam I found him…hott and dry…[with a] swelling in his hands…and he could not swallow but with great difficulty.'[118] A letter the physician wrote in June 1673, concerning the death of a patient named 'Smith', asserted 'I shall give you a short and true account of the suddain death of my worthy friend.' The patient had presented with pains in his head and 'strong waters', upon which 'he called me [and] I…found him in great faintness…and very great paines especially in the left side of his head and left ear.' Despite these pains, and the failure of the doctor's 'clyster' and 'cordial' to provide means of alleviation, Wharton revered the manner in which his patient 'spoke little but in Prayers to God.'[119] Likewise, in a

---

[115] J. Watts, *An Account of the Life and Death of Mrs Elizabeth Bury, Chiefly Collected out of her Own Diary Together with her Funeral Sermon* (1720), 184.
[116] Willis, *Practice*, 60.
[117] For biographical details see chapter two, 105-6.
[118] RCP, MS 640, Letter 4.
[119] Ibid, Letter 23.

letter concerning the death of his patient 'Thomas Broome, servant of law', the physician noted, 'Saturday July 12 1673, being abroad…he came home and passed a muddy and bloody water, which next day totally stopped.' Wharton began to treat him 'for 14 dayes together' during which time 'He had much paine in his limbs and sometimes in his head.' Nevertheless, the patient presented 'but with very little disorder, for he had a strong behaviour and good memory to the last minute of his life [and] bore all with wonderful patience.'[120] The examination of individuals after their passing is the final theme I wish to address.

Following Death

The examination of individuals following death operated in a number of different ways. Often, family members, friends and bedside attendants gathered together to behold the deceased sufferer. The Jesuit Annual Letter of 1607 recorded such a gathering following the death of a 'Spiritual Coadjutor', at which 'the countenance of the former bore in death the impress of the holiness that had adorned him while living…so much so, that men and youths kissed the face of the corpse, out of reverence for the purity of his life, and the modesty and humility that shone forth in his features.'[121] The Presbyterian minister John Batchlier described a similar assembly following the death of one Susanna Perwich, who passed away 'in the flower of her Age, at her Father's House in Hackney, 1661.' Attendants had gathered around her body 'when she was laid out in the Chamber where she dyed, dressed in her Night clothes.' Here, onlookers examined her face and determined she appeared to be 'in a kind of smiling slumber.'[122] Attendants duly engaged in a number of religious exercises. As Jeremy Taylor instructed in his *Exercises of Holy Dying*, which ran through twenty editions between 1651 and 1727, 'Then may the by-standers pray.' Regarding the application of such advice in practice, the physician Thomas Browne noted that whilst viewing the body of a dying man he 'could scarce contain my prayers…or behold his corps without an oration for his Soul.'[123]

Amongst wealthier families the body may have also been opened for the purposes of a post-mortem, or an embalming. The latter practice was especially important for those who died far from the place of intended burial, whereby the most corruptible organs were removed and buried near to the place of death. For example, George Clifford, Earl of Cumberland, died in October 1605 in London, but was buried in Yorkshire. According to his daughter, 'his dead body was opened, and his bowels and inward parts was buried in the

[120] Ibid, Letter 31.
[121] Foley, ed. *Records Volume VII Part II*, 978.
[122] Batchlier, *Susanna Perwich*, 39-40.
[123] Browne, *Religio Medici*, 13.

chappell in the Savoy, but his dead body was buryed a little after in the vault in Skypton Church in Craven.'[124]

The process of embalming was complex and usually carried out by a surgeon, as a medical tract from the period described:

> The body which is to be embalmed with spices for very long continuance, must first of all be embowelled, keeping the heart apart, that it may bee embalmed and kept as the kinsfolkes shall thinke fit. Also the braine, the scull being divided with a saw, shall be taken out. Then shall you make deepe incisions alongst the armes, thighes, legges, backe, loynes and buttockes, especially where the greater Veines and Arteries runne, first that by this meanes the blood may be pressed forth, which otherwise would putrifie…and then that there may be space to put in the aromaticke powders; the whole body shall be washed over with a spunge dipped in *Aqua vitae,* and strong vinegar, wherein shall be boyled wormewood, aloes, coloquintida, common salt and Alume. Then these incisions, and all the passages and open places of the body, and the three bellyes shall be stuffed with…spices grossely powdered….Let the incisions be sowed up and the open spaces that nothing fall out; then forth with let the whole body be anointed with Turpentine dissolved with oyle of roses and Chamomile, adding if you shall thinke it fit, some Chymicall oyles of spices…then wrap it in a linnen cloath, and then in ceare-cloathes.

The tract continued:

> You may reade in the New Testament that Ioseph bought a fine linnen cloath, and Nicodemus brought a mixture of myrrhe and Aloes about 100. pound weight, that they might embalme and bury the body of Iesus Christ our Saviour, for a signe and argument of the renovation and future integrity which they hoped for by the resurrection of the dead. Which thing the Iewes had received by tradition from their ancestors. For Ioseph in the old Testament commaunded his Physitions, they should embalme the dead body of his father with spices.

It concluded: 'Let this be the bound of this our immense labour, and by Gods favour our rest; to whom Almighty, all powerfull, immortall and invisible, be ascribed all honour and glory

---

[124] David Harley, "Political Post-Mortems and Morbid Anatomy in Seventeenth-Century England," *SHM* 7 (1994): 1-28, 5.

for ever, and ever.'[125]

Embalming, then, was clearly more than what historians have described as a purely 'surgical intervention'.[126] The practice was embedded in a profoundly spiritual framework, and thus constitutes a 'religious' as well as a 'medical' act. Rather than assume, anachronistically, that opening the human body was in the first instance a medical procedure, we need to examine such practices in their specific contexts, and attend to their specific meaning.[127] By doing so, we can further demonstrate the ways in which contemporaries across the confessional spectrum, and across the professional divide, used corporeality to think about Christian spirituality. In particular, looking closely at the internal features of a deceased body provided opportunities to decipher and record marks of grace.

Richard Smith's biography of the recusant Lady Montague provides a case in point. The tract recorded the examination of Lady Montague's body, which took place following her death. His subject had been embalmed, a process which usually took place within the patient's home.[128] Smith provided the details of the embalming process, and referred to the surgeons' findings. He did so in order to establish that his subject's patient character was divinely inspired, for such a character trait appeared to be at odds with her humoral constitution. Most early modern people understood the body as composed of a mixture of the four humours – blood, choler, phlegm and melancholy. It was widely held that each person was made-up of a specific blend of these humours, the balance of which determined their health, emotional state and characteristics. Choler was one of the hot humours, and those with a choleric temperament were known to be strong-willed, aggressive, and prone to impatience and depression.[129] Smith took great pains to describe his subject's exceptionally patient character, noting 'this kind of Patience she exercised, not only when she had her perfect health, but even in her grievous sicknes.' Referring to the dissection of her body following death he added, 'this patience was in her so much the more admirable' because the surgeons discovered that 'she was by nature cholerike, and so much choler was found in her body after her death that such as saw it, and knew her most meeke manner of living, were exceedingly amazed therat.'[130]

---

[125] Thomas Johnson, *The Workes of that Famous Chirurgion Ambrose Parey Translated out of Latine and compared with the French* (1634), 1131-2.
[126] Harley, "Morbid Anatomy," 5.
[127] For a related argument regarding the fifteenth and sixteenth centuries see Katharine Park, *Secrets of Women: Gender, Generation and the Origins of Human Dissection* (New York: Zone Books, 2006). This study explores the opening of female corpses outside the traditional medical setting of the university. Looking at practices such as embalming and autopsy Park highlights the social and religious context of which these more informal dissections were part.
[128] Harley, "Morbid Anatomy," 1-28.
[129] Mary Lindemann, *Medicine and Society in Early Modern Europe, Second Edition* (Cambridge: Cambridge University Press, 2010), 13, 17-19, 88.
[130] Smith, *Lady Montague*, 23.

The biography of the recusant Dorothy Lawson (1580-1632), who maintained a refuge for Jesuits in Newcastle-Upon-Tyne, offers a comparable example. Lawson's biography was compiled by her chaplain William Palmes, who devoted a large section of the narrative to her final illness and death. The section began: 'under my conduct God seeing her more ripe in fruit than years…knock'd and gave her about six months warning by a languishing consumption or cough of the lungs.'[131] Palmes recounted the near miraculous strength his subject had exhibited whilst being treated, and contended that she lived a day longer than he considered to be humanly possible. He then corroborated his observations with those of Dorothy's medical attendants, noting 'Physicians and doctors…avow that which I relate…physitians that understood the nature of her infirmity likewise affirme it miraculous...[and] all are of the opinion shee liv'd a day longer than was possible by course of nature.'[132] To confirm these judgements, they called for her body to be opened. A post-mortem was conducted which revealed that matter 'was found in her lungs there grown fast to her sides, so that there was no opening for her vital spirits.'[133] In this physical state, not only had Dorothy lived 'a day longer than was possible', but she had also displayed what attendants believed must have been divinely inspired levels of strength. For example, her 'feeble hand…held a crucifix for the space of four hours without interruption…as if shee had been like a corps renew'd or rather raised from death to life.'[134]

Such practices continued into the eighteenth century, as illustrated by the spiritual biography of the Suffolk recusant, and later prioress at the English Carmel at Hopland, Catharine Burton (1668-1714). The Jesuit Thomas Hunter compiled her biography using extracts from Catharine's diary, his own recollections, and witness statements from others who had tended to Catharine during her final sickness. The edited biography circulated in manuscript form following her death until, eventually, it was published in 1876. Hunter confirmed to readers 'you will meet here examples of her consummate virtue' evidenced by 'the extraordinary favours wrought in her.'[135] In January 1714, after which time she had entered the English Carmel, Catharine fell ill with a 'violent fever and was confined to the infirmary.' Hunter noted that, 'whilst her doctor first apprehended no great danger…the symptoms were so different from what she used to find in her former illness…[that] within a fews days [he] pressed her to tell him where she felt her greatest pain.'[136] She answered, in her back, and the doctor ordered it should be rubbed with an oil he prescribed. A witness

---

[131] William Palmes, *Life of Mrs Dorothy Lawson of St. Anthony's, near New-Castle-Upon-Tyne in Northumberland* (Newcastle-Upon-Tyne, 1851), 52-3.
[132] Ibid, 53-4.
[133] A. Hamilton, ed., *The Chronicle of the English Augustinian Canonesses Regular of the Lateran, At St Monica's in Louvain 1625-1644 Volume II* (1906), 65.
[134] Palmes, *Dorothy Lawson,* 57-8.
[135] Hunter, *Catharine Burton*, 4-5.
[136] Ibid, 255.

statement from 'the religious person who was employed' in the application of this oil was included:

> I came to discover a wound…already mortified, and the inflammation was spread over a great part of that side. She perceiving I had discovered it, earnestly begged…me to keep it secret, and said she hoped I loved her too much to occasion its being exposed to a surgeon…but my zeal for the good of the Community and the knowledge I had that her command could not oblige in this case, made me presently acquaint Mother Sub-Prioress with it.

A surgeon was called, and treatment began. The same witness provided a description of her surgical treatment: 'New incisions were made…twice a day, and not one day passed in which they did not cut out large pieces of flesh. She lay all this time without the least complaint, and as those who constantly attended her assure me, without the least motion or sign…to the amazement of the doctor, surgeon, and all that saw it.'[137]

The surgeon's testimony was also included:

> I, the undersigned surgeon…was called to…[the patient]…A religious having discovered a mortification upon her side…I came twice a day to dress it, till her death...To prolong her life, I found it necessary to make daily deep scarifications in the live flesh, whence issued great quantities of blood…Notwithstanding, I never heard her complain of her pain, or show the least impatience, which struck both the doctor and myself with great admiration…I often thought and said we should afterward hear strange things of this Reverend Mother, and I wished that I might live to see her grave opened. The veneration I had for [her] made me procure a medal, which after her death I applied to her body, which I still keep with great respect and esteem in my house. [138]

As it happened Catharine's corpse was closely examined prior to, and following, her burial, as Hunter noted 'Whilst she lay exposed…one religious, putting her hand to her side, thought she perceived a warmth. This was spoken of before the vault was shut.'[139] Having perceived Catharine's body to be extraordinarily warm, further examination was called for. 'After her internment…though nobody could doubt but that she was certainly dead…the

---

[137] Ibid, 255.
[138] Ibid, 256.
[139] Hunter, *Catharine Burton,* 262.

surgeon who had attended her, was sent for to view the body.'[140] The surgeon's testimony was, once again, included. It began, 'I was glad of the occasion of seeing her once more, having a great opinion of her sanctity. She was found certainly dead, but her countenance, which was much altered in her sickness, was now become so sweet, and breathed such an air of sanctity.' The surgeon promptly called for a painter to take 'her features in crayon and afterwards draw her picture.'[141]

Such practices and observations were not only the preserve of Roman Catholics. An example can be found in David Lloyd's *Memoires,* which commemorated the life of Arthur Capel (1604-1649), a committed Anglican and royalist army officer based at Hadham in Hertfordshire. Capel had lead forces in both Chelmsford and Colchester during the civil war, resulting in his imprisonment at the Tower of London in 1649. On 8 March 1649 parliament voted for Capel's death, and he was executed the following day. Commenting on the examination of Capel's body during the embalming process the biographer recounted: 'It being very observable, that a learned Doctor of Physick, present at the Opening and Embalming of this Lord, and the Duke of Hamilton, delivered at a publick Lecture; that the Lord Capel's was the least heart, and the Duke the greatest that ever he saw, agreeable to the observation in Philosophy, that the spirits contracted within the least compass, are the cause of the greatest courage.'[142] Reflections penned by the diarist Elizabeth Bury provide comparable insights. An extract from her diary dated January 27, 1710, noted her attendance at what was presumably the embalming or post-mortem of a close friend and co-religionist. As Elizabeth recounted, the subject was one 'Mrs. S', and 'the Dissection of Mrs. S gave us adoring Thoughts of the Wisdom and Power of God in making Man; and reconciled me to the Thoughts of Death, and only Cure of Sin, and all the Diseases brought by it.'[143]

Conclusions

This Chapter has explored the ways in which exemplary individuals were examined and commemorated. A particular focus of commemorative tracts was the physical comportment and features of their subjects' bodies, and how these features constituted marks of divine grace. In order to make these assertions a great deal of looking and recording had to be done, and both clerical and medical attendants took part in this process. Such intricately conjoined practices are often overshadowed, as we tend to think in terms of rigid professional categories – the medical practitioner's domain the body, and the clergyman's domain the

[140] Ibid, 262-3.
[141] Ibid, 262-3.
[142] Lloyd, *Memoires*, 480-1.
[143] Watts, *Elizabeth Bury*, 161.

soul. The cases presented also remind us that contemporaries operated in a culture where the human body, and its physical expressions, carried a deep religious significance. Medical practitioners were not siphoned off from this culture, they participated in it, and therefore shared its visual experiences, skills and habits. Physiognomical looking practices constituted one such form. Thinking visually in this way, *all* attendants at the sickbed were able to interpret physical appearances in terms of God's design and grace, upholding the general validity of moving from visible signs to invisible qualities. This enabled *all* attendants at the bedside to diagnose the sanctity of individuals in their care. Moreover, contrary to what some historians have claimed, such practices took place across the confessional spectrum.

Tracts documenting the capacities of the sick and the dying also commemorated their practices when healthy, in particular, their physical constancy when healing the sick poor. David Lloyd's *Memoires* documented the life of one Thomas Morton (1564-1659), later Bishop of Durham, who had served the rectory of Long Marston in Yorkshire in the early seventeenth century. Lloyd paid specific attention to the charitable healing practices Morton carried out as a local pastor, recalling an outbreak of the 'great Plague at York' in 1602 at which time pastor Morton 'carried himself with much Heroical Charity.' During this time 'the Poor being removed to the Pest-house, he made it his frequent use to visit them with food, both for their Bodies and Souls.' By divine favour, the pastor never fell sick himself even though 'he would not have any body to run hazard thereby but himself' and would not suffer 'any of his Servants to come near him, but sadled and unsadled his own Horse, and had a private door made on purpose into his House and Chamber.'[144]

Across the denominational divide, the Catholic community also worked to commemorate those who had tended to the sick in extraordinary ways. The Jesuit missionary Edward Scarisbrick (1639-1709), born in Lancashire, and operating in and around London during the 1680s and 1690s, wrote the funeral sermon of the recusant Lady Warner of Parham, situated roughly fifteen miles outside the county of Essex. Lady Warner had settled in Parham with her father Thomas Hammer in the 1650s, following the family's move to France during the civil war. Shortly after their return she married Sir John Warner and settled near Wittingham-Hall.[145] Her funeral sermon, published in 1692, entreated the reader to 'ponder, and reflect upon what mov'd this Lady to practise…to act so contrary to the dictates of Nature as she did. It seems no less evident, that she could be mov'd by none but the Holy Ghost.'[146] Focusing on her acts of charitable healing Scarisbrick noted 'If any Neighbour fell sick, She was not content to send them Cordial Waters, Syrups and such like helps, which she had prepard'd for that end.' Disregarding any risk of contracting an illness she would 'be the

[144] Lloyd, *Memoires*, 437.
[145] Scarisbrick, *Lady Warner*, 2-6, 18-20, 68.
[146] Ibid, B3.

Bearer of them her self; and by that means, see if they wanted not more, that their Modesty permitted them to ask.' Moreover, she was willing and able to travel long distances in harsh conditions without succumbing to any form of sickness: 'As may appear by her going once half a Mile on Foot, to assist a Poor Neighbour in Child-bed, and this even at Midnight, in the rigid season of Winter, thro the Snow.' To further highlight his subject's remarkable physical capacities Scarisbrick added 'she saved the Womans life, who had not my lady come, had certainly died in Labor.' He also incorporated a witness statement from the patient herself, who 'own'd this as long as she liv'd.'[147] Charitable attendance upon the sick is the next topic I wish to explore.

[147] Ibid, 27.

Chapter Four

"A Double Care": Medical Charity and Confessional Identity

Let the Poor Man discern that he that Relieves the Needs of his Body, hath a greater Design upon him...Our Saviour went about doing good: And so it was that his works he did were such as did at once give *Relief* and *Instruction.* And when he shewed Mercy to the *Bodies,* he did at the same time shew another to the *Souls* of Men…Our Alms give us a great Advantage of doing good to Mens Souls. For by them we may encourage Vertue and sincere Piety…And he that Receives a bounty, will listen to our Instruction and Advice.

Richard Kidder, *Charity Directed, or, The Way to Give Alms to the Greatest Advantage* (1676), 25-6.

*

Love obligeth us to relieve the Needy, and help the Distressed, to visit the Sick, and succour the Fatherless and Widows, to strengthen the Weak, and to confirm the staggering…Our Love ought to extend to all men universally, without limitation…Our *Love* must not be *confin'd* by *names*, and *petty agreements*, and the *interests* of *Parties*, to the *corners* of a *Sect*: but ought to reach as far as *Christianity* it self, in the *largest* notion of it [sic].

Joseph Glanvill, *Catholick Charity Recommended in a Sermon…Occasion'd by Differences in Religion* (1669), 5-6.

*

Here you have a taste of the Popish Charity...it is their horrible inhumane uncharitableness that seems to me their most enormous crime...the special Love and Charity of a Papist extendeth to none but those of their own sect: and such a Charity the Quakers, and Anabaptists, and Familists have as eminently as they.

Richard Baxter, *A Key for Catholicks, to open the Jugling of the Jesuits* (1659), 17.

***

Christian scriptures recognised poverty as an inherent part of the human condition, as stated in Deuteronomy 15:11, 'There will never cease to be needy ones in your land, which is why I command you: Open your hand to the poor and needy kinsman'. Charitable acts were also couched in the biblical rhetoric of the works of corporal mercy: feeding the hungry, clothing the naked, giving drink to the thirsty, harbouring the harbourless, visiting the sick, visiting the imprisoned, and burying the dead. The provision of medical relief was therefore considered to be a recognition of God's image in human beings, an expression of the love of God that affirmed the divine presence among men and women.[1] But when practised within

[1] Mark Cohen, "Introduction: Poverty and Charity in Past Times," *JoIH* 35 (2005): 348. This was not only charity

the religiously plural communities of early modern England, deciding which men and women to assist became a more complex matter.

While no one seriously doubted that there was a Christian obligation to perform charitable works, there was clearly room for much greater debate about how and to whom relief should be given. For example, the Church of England clergymen Richard Kidder insisted that '*Relief* and *Instruction*' must operate in unison, so that those who relieved the sick poor might also 'win upon their Souls; and be Instruments of the Salvation of more People.' He continued, 'Tis an incredible Force that *Kindness* hath, it will prevail where all other ways are ineffectual…The Charitable Man…hath a fair Occasion of Commending Vertue and Religion to the poor he visits.' Not only could charitable healing operate as a catechizing or proselytizing device, but it could also serve to distinguish the orthodox from the heterodox, as Kidder noted, 'Let us give especially to those that are good, to those that frequent the publick worship of God, to those that are willing to submit to Instruction.'[2] His colleague Joseph Glanvill adopted a rather different tone, encouraging readers to provide relief 'universally'. Glanvill added, 'I intended nothing, but to recommend and press one of the greatest, and yet one of the most neglected Duties of Christianity: And I am very sorry that our [religious] Divisions have brought things to such a pass.'[3] Richard Baxter appears to have shared Glanvill's concerns, commenting as he did upon the 'inhumane uncharitableness' of those who only took care of 'their own sect.'[4] The clergyman John Scott expressed similar sentiments in his *Christian Life*, which ran through nine editions between 1681 and 1712. The manual stated, 'we are obliged to be kindly and charitably disposed towards each other…to aid and assist one another…But if instead of loving, we malign and hate each other, our Society will be so far from contributing to our Happiness.' Scott persisted, 'as Hatred and Malice spoils all our Society in this Life, and renders it worse than the most dismal Solitude, so it will also in the other…we should acquire the Disposition of universal Love…universally practise it…[and] dispose our selves to love those that offend us.'[5]

With the growth of poverty exerting ever-greater pressure on local poor rates, such concerns were of central importance to inhabitants, confronted daily with the challenges of negotiating their religious identity within a multi-confessional society, and fulfilling the

---

of the material sort, providing alms to the poor, but charity as the love that bound man to God and to his neighbour within the mystical body of Christ that was the church. Charity of this sort was understood as the fount of all unity and the foundation of all community: an established moral imperative which lay at the heart of popular religion. On this topic see John Bossy, *Peace in the Post-Reformation* (Cambridge: Cambridge University Press, 1998); Susan Brigden, "Religion and Social Obligation in Early Sixteenth-Century London," *P&P* 103 (1984): 67-112; Lucy Wooding, "Charity, Community and Reformation Propaganda," *Reformation* 11 (2006): 131-69.

[2] Kidder, *Charity*, 26-7.

[3] Glanvill, *Catholick Charity*, 'To the Reader'.

[4] Baxter, *A Key*, 17.

[5] John Scott, *The Christian Life from its Beginning to its Consumption in Glory* (1681), 178-9.

demands of the sick and needy. With this context in mind, this chapter explores the extent to which a person's affinity with a particular confessional group shaped their provision or receipt of medical relief at local level. It also highlights the spiritual framework that informed such practices; a framework which engendered numerous acts of 'religion *in*, or *as*, medicine'. Since I am concerned with the significance of personal affinities, I have chosen to focus on voluntary, rather than municipal, forms of relief. I examine these forms from three vantage points: charitable healing within the household, the visitation of the sick, and privately funded almshouses and hospitals.

These forms of medical charity were conceptualised as profoundly religious acts. Thomas Becon's *Sycke Mans Salve*, which ran through twenty-five editions between 1580 and 1623, noted 'Ye know neighbours how charitable a deede it is to visite the sicke, and to comforte the diseased. It is one of those works, whiche being don in the faithe of Christe shall be rewarded at the last day.'[6] Likewise, Daniel Featley's best-selling prayer manual stated, 'Charitie' was one of the 'generall duties of all men (especially Christians)', demanding 'That we do all the good we can to our brother'. This included the 'speciall works of Humanity', which obligated individuals to 'feed the hungrie; cloath the naked…[and] visit the sick.'[7] Providing relief was also conceived as a particular duty for those on their deathbed, as the manual stated, 'The man that is breathing out his last gaspe needeth…A charitable, and compassionate aflection to consider the poore and destitute, according to his estate and wealth to help and succour them, that so by their prayers he may be received into everlasting habitations.'[8]

Steeped in spiritual concerns, medical charity constituted another form of 'double care', as contemporaries termed it.[9] The funeral sermon of the Essex puritan Mary Rich, penned in 1678 by her chaplain Anthony Walker, noted 'the double care, both of spiritual and bodily welfare' she had provided for her servants.[10] The clergyman Richard Kidder described charitable healing as 'not a single kindness, but a double one.'[11] In 1659 the Kent clergyman John Glascock recounted the practices of one of his congregants, Anne Petter, noting 'who ever came near her to receive corporal alms, she could not send them away…and her alms was usually double, for the soul as well as the body.'[12] Likewise, in 1682 the Essex rector Thomas Ken noted of one Mary Maynard, 'To corporal Alms, as often

---

[6] Thomas Becon, *The Sycke Mans Salve* (1631), 5-6.
[7] Daniel Featley, *Ancilla Pietatis, or the Hand-Maid to Private Devotion* (1626), 35-6.
[8] Ibid, 560-1.
[9] On practices of 'double care' within the family see chapter one, 43-75.
[10] Anthony Walker, *Eureka Eureka, The Virtuous Woman Found her Loss Bewailed, and Character Exemplified in a Sermon Preached at Felsted in Essex* (1678), 95.
[11] Kidder, *Charity*, 26.
[12] John Glascock, *Mary's Choice, or, The Choice of the Truly Godly Person Opened…in a Sermon Preached at the Funeral of Mrs. Anne Petter* (1659), 77.

as she saw occasion, she joyn'd spiritual.'[13] Practising these forms of medical charity, or 'double care', was also of chief importance for an individual's salvation: for Catholics an essential good work,[14] for Protestants a mark of election.[15]

Here, I will outline my working definition of 'medical charity' and briefly consider debates associated with the term. Generations of historians writing about early modern 'medical charity', in particular hospitals, have tended to paint a very dark picture in which 'medical' treatment assumed a secondary role, and where an emphasis was put on *caring* rather than *curing*. Due to a lack of effective therapies, so it was claimed, charitable institutions served as 'gateways to death' and it was not until the late eighteenth century that improvements were made thanks to advances in science, nursing standards, and clinical practice.[16] Over the last thirty years approaches have shifted dramatically, especially regarding the denial of the title 'medical' to treatments provided. In particular, scholars have established that in the humoral system of medicine, monitoring diet and way of life was considered integral to maintaining and recovering health. Thus, drawing rigid distinctions between forms of 'caring' and 'curing' is anachronistic, since activities such as washing, and the provision of food, drink and shelter, were also perceived as 'medical'.[17] Accordingly, this chapter employs the term 'medical charity' in its broadest form – that which pertains to the provision of appropriate sustenance and habitation, as well as appropriate medical treatment. I also employ the terms 'medical charity', 'charitable healing', 'relief', and 'aid' interchangeably.

One of the major contexts in which such practices took place was the parish 'community', a term which also requires some unpacking. It is worth starting with a few seventeenth-century definitions. In 1616, John Bulloker defined 'community' as 'fellowship in partaking together' and in 1658 Edward Phillips described it as 'injoining in common or mutual participation'. The use of the verb 'partake' suggests that a 'community' was not a given entity, but was rather constructed through the recurrent decisions and actions of people. Moreover, 'community' was connected not so much with geographical place, as with the institutions within a place that facilitated 'mutual participation'.[18] A parish community, then, was understood to be something forged in practice, something done as an expression of collective identity by groups of people. Examples of this process include beating the bounds

---

[13] Thomas Ken, *A Sermon Preached at the Funeral of the Right Honourable the Lady Margaret Mainard, at Little Easton in Essex* (1682), 29.
[14] Brian Pullan, *Poverty and Charity: Europe, Italy and Venice 1400-1700* (Aldershot: Variorum, 1994), 1-30.
[15] Patrick Collinson, "Puritanism and the Poor," in *Pragmatic Utopias: Ideals and Communities, 1200-1630,* ed. Rosemary Horrox and Sarah Rees Jones (Cambridge: Cambridge University Press, 2001), 242-59.
[16] As embodied in John Woodward, *To do the Sick no Harm: A Study of the British Voluntary System to 1875* (London: Routledge, 1974).
[17] As discussed in Colin Jones and Jonathan Barry, eds., *Medicine and Charity Before the Welfare State* (London: Routledge, 1991), 8-9; Lindemann, *Medicine*, 13-14; Jenner and Wallis, eds. *Medicine*, 14-15.
[18] Alexandra Shepard and P.J. Withington, eds., *Communities in Early Modern England: Networks, Place, Rhetoric* (Manchester: Manchester University Press, 2000), 10.

of a parish, participating in local feasts, and taking communion in the parish church. The latter practice was particularly significant since the parish operated as a legally defined body of Church of England believers, leaving religious dissidents, particularly non-communicants, in a rather ambiguous position.

A parish 'community' was therefore stratified, conflictual and integrated into national structures. In this context, parishioners often associated with a variety of communal groups. For example, the Yorkshire physician John Troutbeck participated in a wider medical and political community, acting as Surgeon-General to the New Model Army in the north, but also maintained relationships with his local Catholic community, protected the estates of recusants, and formed a close friendship with the Catholic Fairfaxes of Gilling during the 1680s.[19] Networks of association could also cut across parish boundaries, for example, in the early seventeenth century puritan towns in Dorchester and Exeter sent each other charitable funds as a way of expressing their confessional solidarity.[20] In order to examine the community experiences within which charitable practices were embedded, we therefore need to consider the wide variety of associations that could operate within and between parishes. Such an approach will highlight how individuals could participate in a number of overlapping communities. This provides an opportunity to study the precise ways in which people managed their various social commitments, and the precise contexts in which their religious affiliations were brought to bear.

As this chapter will demonstrate, the ways in which religious affiliations shaped forms of medical charity were remarkably complex, giving rise to a number of seemingly paradoxical practices. On the one hand, providing relief to the sick poor could work to bolster confessional affinities. For example, in a number of contexts, individuals persistently provided relief to co-religionists, a practice that held particular significance for those who may have been refused municipal aid on account of their nonconformity.[21] Moreover, as the period progressed, confessionally aligned relief became especially marked in its instituted forms (almshouses, hospitals, charitable societies). Attending to the sick and destitute within one's own confessional group also provided an opportunity for co-religionists to engage in shared religious practices. This was because medical charity operated as a form of 'double care' that involved practices both physical and spiritual. On the other hand, it is clear that relief also continued to be distributed across the religious divide. At times, this was driven by a confessional motive, whereby healing provided opportunities to proselytize and convert

---

[19] Hugh Aveling, *Northern Catholics: The Catholics Recusants of the North Riding of Yorkshire 1558-1790* (London: Geoffrey Chapman, 1966), 306.
[20] Collinson, "Puritanism," 242-59.
[21] For examples of nonconformists being refused municipal aid see Steve Hindle, *On the Parish? The Micro Politics of Poor Relief in Rural England c.1550-1750* (Oxford: Clarendon Press, 2004), esp. 97-382.

sufferers. However, in other cases, such practices were motivated less by a desire to incite conversion, and more by a sense of common humanity and Christian obligation.

To date, these issues remain underexplored as existing research about religion and charity focuses largely on municipal forms of relief.[22] Within this field a particular debate has emerged: whether Protestantism was *the* prime mover in the 'innovations' of poor relief across Europe.[23] These 'innovations' were instituted in England with the arrival of the Elizabethan Poor Laws of 1598 and 1601, legislation which demanded that every parish provide relief for its 'deserving' sick poor, financed by compulsory taxation of its more prosperous inhabitants. Regarding the driving force behind these social reforms, some historians maintain that Protestantism and the Reformation were the key instigators. Such accounts emphasise differences in attitude towards the sick poor taken by Protestant and Catholic governments, and contend that because Protestants rejected the concept of salvation through good works, the ancient bond between alms-giving and religious merit was broken. So the story goes, charitable healing was therefore reconceptualised as a *civic* obligation rather than a practice that concerned the salvation of the donor's soul. As Ole Peter Grell has argued, 'Because Protestant charity became solely a civil obligation towards the Christian Commonwealth, it focused on the living and the present, as opposed to the hereafter.'[24] This assumption tends to be coupled with the suggestion that Protestants, especially the hotter sort – ever concerned with social discipline and 'the reformation of manners' – sharpened distinctions between the 'deserving' and 'undeserving' poor.[25]

The claim that Protestant charity became divorced from concerns with the afterlife has been effectively challenged in recent years. For example, scholars have demonstrated that donors of an endowed charity, whether Catholic or Protestant, were thought to gain spiritual rewards. This concept underpinned a number of religious practices, such as the ongoing prayers for beneficiaries conducted in both Catholic and Protestant hospitals.[26] We might also look to Daniel Featley's Protestant prayer manual, which instructed readers to

---

[22] See, for example, Barry and Jones, eds. *Medicine*; Robert Jutte, *Poverty and Deviance in Early Modern Europe* (Cambridge: Cambridge University Press, 1994); Brian Pullan, *Poverty and Charity: Europe, Italy and Venice 1400-1700* (Aldershot: Variorum, 1994); idem, "Catholics, Protestants, and the Poor in Early Modern Europe," *JoIH* 35 (2005): 441-56; Ole Peter Grell and Andrew Cunningham, eds., *Health Care and Poor Relief in Protestant Europe 1500-1700* (London: Routledge, 1997); Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998); Marjorie McIntosh, "Poverty, Charity and Coercion in Elizabethan England," *JoIH* 35 (2005): 457-79. A notable exception is Hindle, *On the Parish*, which explores the relationship between voluntary and municipal forms of poor relief.

[23] See, for example, Grell and Cunningham, eds. *Health Care*.

[24] Ole Peter Grell, "The Protestant Imperative of Christian Care and Neighbourly Love," in *Health Care,* ed. Grell and Cunningham, 43-66.

[25] Grell and Cunningham, eds. *Health Care*; Mcintosh, "Poverty," 461-63; Steve Hindle, "A Sense of Place? Becoming and Belonging in the Rural Parish 1550-1650,' in *Communities*, ed. Shepard and Withington, 96-114; Keith Wrightson and David Levine, *Poverty and Piety in an English Village: Terling 1525-1700* (London: Academic Press, 1979).

[26] Mcintosh, "Poverty," 466-8; also see Peter Marshall, *Beliefs and the Dead in Reformation England* (New York: Oxford University Press, 2002), esp. 141-87.

relieve the sick poor 'so by their prayers [they] may be received into everlasting habitations.'[27] Samuel Cradock's *Knowledge and Practice*, a Protestant manual of enduring popularity, similarly maintained 'those that have estates, let them not forget to be charitable, and to dispose something to pious uses; knowing that with such sacrifices (offered in a right manner, and to a right end) God is well pleased.'[28]

The assumption that Protestantism acted as *the* prime instigator of poor relief reforms has also been qualified, as scholars have shown that the actual social policy of local and national governments cut across religious boundaries.[29] Brian Pullan, for example, has found that practical considerations often overrode doctrinal differences as famine, disease, migration and population growth forced confessionally opposed communities to react in broadly similar ways.[30] Accordingly, he has drawn attention to the municipal poor law schemes adopted in steadfastly Catholic cities such as Ypres, Lyon and Venice. Historians have also noted that measures for the suppression of vagrancy and the systematic care of the 'deserving' poor pre-dated the Reformation. For instance, canon lawyers in twelfth-century Europe actively discussed a range of priorities and criteria for discriminating between the 'deserving' and 'undeserving'.[31]

Whilst this research usefully engages with general attitudes towards the sick poor taken by Protestant and Catholic governments, more specific questions about the relationship between religious affiliation and medical charity remain unanswered. In particular, a more concentrated focus on forms of voluntary relief is needed. This focus should not only address confessional associations between the relievers and the relieved, but it should also consider the *practices* of relief in more detail. Such an emphasis will yield insights into the forms of 'double care' that took place from the household bedchamber to the hospital chapel. These insights are particularly relevant to histories that concern the relationship between charity and medicine. Most notably, the claim that Protestantism ushered in forms of civic relief totally divorced from notions of spiritual reward has created the impression that aid became progressively secularized. Likewise, it has been suggested that spiritual concerns steadily gave way to material considerations as a result of state expansion and the growing power of the medical profession.[32] Such concepts tend to be expressed in terms of a linear progression from charity to medicine. In other words, historical accounts track the decline of religiously

---

[27] Featley, *Ancilla*, 560-1.
[28] Samuel Cradock, *Knowledge and Practice…Chief Things Necessary to be Known, Believ'd and Practised in order to Salvation* (1673), 105.
[29] Jutte, *Poverty,* 1-7.
[30] Pullan, "Catholics," 456.
[31] Ibid, 441-56.
[32] For a discussion of this historiography see Barry and Jones, eds. *Medicine*, 1-11; Jutte, *Poverty*, 100-23.

motivated charity and the ascendancy of professionalized, state-backed medicine.[33] In direct contrast, this chapter seeks to elucidate the continued centrality of religious concerns and practices.

I

First, I would like to outline the general forms of medical charity that were available to the sick poor, and consider the broader historical context in which this relief was provided. Regarding the former, a number of coexisting relief strategies were in operation. Among the various options, receiving medical assistance from a neighbour was a common occurrence, and in general, those who provided relief were drawn from the middling and upper ranks in society. For example, the Yorkshire gentlewoman Margaret Hoby (1571-1633) often distributed free medicines to her workmen and servants, and paid regular visits to the sick and needy in her local community of Hackness.[34] Various members of the Barrington family in Essex supplied poorer neighbours with free remedies, and Lady Joan Barrington (1558-1641), who was highly regarded for her knowledge and skill, was frequently consulted for advice on the treatment of sick children.[35] The sick poor of Leighs in Essex often visited their neighbour Mary Rich (1624-1678), a gentlewomen whose household operated as a 'Closet and Still-house and their Shop for Chirurgery, and Physick'.[36] Likewise, Nicholas Blundell (1669-1737), a landowner of Little Crosby in Lancashire, produced and dispensed homemade medicines gratis to the sick poor in his parish and the surrounding towns.[37]

The municipal provision of aid offered a second outlet. As stipulated by the Poor Laws, parish officials made arrangements whereby access to qualified practitioners was given to patients in receipt of poor relief.[38] For instance, the money collected by poor law officers was used to fund municipal hospitals staffed by qualified practitioners who were paid on conditional contracts. The scale and nature of payments could vary. Practitioners employed in a municipal hospital in Newcastle could expect to receive up to £40 per annum for their services by 1632. In the case of a publically funded almshouse in Norwich, the surgeon John Hobart received £3 for attending to the broken leg of a poor inmate in 1600. A

---

[33] As embodied in Mary Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: Cambridge University Press, 1991).
[34] Joanna Moody, ed., *The Private Life of an Elizabethan Lady: The Diary of Margaret Hoby 1599-1605* (Gloucestershire: Sutton Publishing, 1998).
[35] Doreen Nagy, *Popular Medicine in Seventeenth Century England* (Ohio: BGSUP, 1988), 60-2.
[36] Walker, *Eureka*, 97.
[37] Frank Tyrer and J.J. Bagley, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume II 1712-1719* (Manchester: RSLC, 1970).
[38] See Charles Webster and Margaret Pelling, "Medical Practitioners," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 165-237; Irvine Loudon, "The Nature of Provincial Medical Practice in Eighteenth-Century England," *MH* 29 (1985): 1-32; Pelling, *Common Lot*, 230-46.

few years later, William Edwards, the keeper of the almshouse, and a female practitioner, received 6*s* for clothing the same inmate and his daughter. In contrast, arrangements at a Chester hospital required surgeons to treat inmates for free, and to cure those living on poor relief 'for such reasonable sum…and other considerations as shalbe appointed by the mayor', a scheme which usually involved dispensation from rents, fees, or taxes. Overseers might also employ elderly or poorer members of the community to 'keep sick-persons' or 'tend alms-people'.[39]

Of course, this system of municipal aid had its origins in much earlier periods. Cases in point include the 345 leper houses founded in England and Wales between 1084 and 1224; St Leonard's hospital in York established in 1372;[40] the Monoux Almshouses in Essex founded in 1527;[41] and the five royal hospitals in London – St Thomas's, Christ's, Bridewell, the Savoy, and Bethlem – established between 1546 and 1552 on the site of dissolved monastic foundations.[42] Qualified medical practitioners were also being employed by civic institutions in Chester from 1574, in Ipswich from 1585, and in Newcastle from 1599.[43] Another long-standing practice that the Poor Law schemes built upon was the provision of outdoor relief. This generally involved the distribution of food and clothing, and poor rates were already being collected for this purpose in Norwich from 1549, in Yorkshire from 1550, in Essex from 1556, and in various rural parishes in the south-east from the 1560s.[44] The distribution of food and clothing to the poor outside parish churches and hospitals was also an established practice well before the sixteenth century.[45]

Alongside publically funded schemes, further voluntary systems of relief coexisted. Private doles and endowments were particularly significant. Doles were essentially a semi-formal gift, usually in the form of a single payment, arising from a testamentary bequest and intended for direct or immediate use.[46] For example, the will of John White of Dagenham in Essex, who died in 1671, stipulated that 20*s* in bread was to be distributed to the poor on the day of his burial. He also bequeathed funds for '12*d* a week in bread [to] be given and disposed of every Sunday in the forenoon after service, for ever, as aforesaid, by the minister, churchwardens and overseers.'[47] Endowments constituted a capital gift often involving a large sum of money that was to be administered by a group of trustees whose

---

[39] Pelling, *Common Lot*, 88-143.
[40] Martha Carlin, "Medieval English Hospitals," in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), 21-41.
[41] A.E. Dormer, *The Origins and History of the Forest Group of Hospitals* (Essex, 1974), 4.
[42] Craig Rose, "Politics and the London Royal Hospitals, 1683-92," in *Hospital*, ed. Granshaw and Porter, 123-49.
[43] Pelling, *Common Lot*, 83-8.
[44]Steve Hindle, *The State and Social Change in Early Modern England 1550-1640* (London: Palgrave, 2000), 147.
[45] Jutte, *Poverty*, 139.
[46] As defined in Hindle, *On the Parish*, 121.
[47] J.P. Shawcross, *A History of Dagenham in the County of Essex* (1904), 237.

duty it was to protect the donor's wishes.[48] Often, such bequests were used to endow an almshouse or hospital. Cherry Burton Hospital in York, founded by the will of Richard Hodgson in 1608, provides an example. Hodgson directed his trustees to buy up land 'to be imployed and assured to an Hospitall…which I hereby in all Christian Sort desire Sir Hugh Bethell, Mr Robert Askwith and Mr Culverwell with mine Executors to see builded.' He continued, 'the same house I would have built after the fashion of Sir Hugh Bethells Hospitall at Allerton for three of the poorest folks Men or Women in Cherry Burton.'[49]

Whilst a number of relief strategies were in operation, deciding how and to whom aid should be given was a complex matter. On this issue, historians have highlighted that both poor relief and private endowments could be incredibly exclusive. Since both systems directed relief to parish members, those poor who lacked the 'settlement' conferred by birth or long residence were routinely rejected.[50] Charitable schemes were also employed to promote conformity and prosecute religious dissent.[51] In 1633, the vestrymen of Braintree in Essex ordered parish overseers to 'do their best indeavour to fynde out such persons as absent themselves from churche', to 'take course to force them to come' and to ensure that 'the poorer sorte that take collection shalbe abated in their collection until such time as they be reformed in it.' Similarly, in 1682 Middlesex justices agreed that 'such poor people as shall go to any meeting house and not to their parish church shall have no benefit of the parish collections but be put out of the poor's book.' Private endowments could be equally discriminating. For instance, a number of bequests to set up bread charities, usually distributed in the form of penny loaves, specified that recipients must be good Protestants who attended sermons weekly and were well behaved.[52]

The broader historical context informed and exacerbated these exclusive stipulations. Notably, between 1524 and 1656 the population of England more than doubled, and the limited capacity of the economy to absorb growth on this scale was evident in a number of areas.[53] The prices of basic commodities continued to rise, the expansion of the labour pool led to depressed wage levels, and the overstocking of the labour market dramatically reduced the chances of regular paid work.[54] Consequently, there was a gradual geographical redistribution of the population as subsistence migrants headed towards centres

---

[48] As defined in Hindle, *On the Parish*, 134.
[49] BI, MS Bp.Sch 12.
[50] Wrightson, *Earthly Necessities*, 219.
[51] See, for example, W.K. Jordan, *The Charities of Rural England 1480-1660* (London: GAU, 1961); Wrightson and Levine, *Poverty*; Wrightson, *Earthly Necessities*, 202-26; Mcintosh, "Poverty," 457-79; Hindle, *On the Parish,* esp. 300-53.
[52] Hindle, *On the Parish,* 381-2, 148.
[53] Numbers rose from approximately 2.3 million to 5.6 million.
[54] For an overview of these developments see Paul Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988); Wrightson, *Earthly Necessities*; Hindle, *The State*.

of economic opportunity.[55] These migrants, or 'vagrants', were defined by law as the 'wandering' or 'loitering', and became the category of poor that loomed largest in the rhetoric on charitable relief. Seen as the definitive 'undeserving pauper', they were considered rootless and masterless, and their behaviour prone to be disorderly and criminal. Furthermore, since local poor relief was under increasing pressure due to population growth, disease and periods of harvest failure,[56] the arrival of outsiders, and the extra burden they could potentially place on poor rates, was a serious concern.

In response, legislation focused on keeping vagrants in their native parishes, most notably codified by the 1598 Act for Punishment of Rogues, Vagabonds and Sturdy Beggars. Not all poor migrants received punishment under this act, but those who did were subjected to a public whipping and sent back to their parish of origin with a vagrant's passport.[57] Action against vagrants was also stepped up during periods of religious and political crisis.[58] For example, the identification of Catholicism with poverty was especially marked during the Northern Rising of 1569, when vagrants were looked upon as potential recruits for the rebel army.[59] Likewise, following the projected Spanish match of the 1620s, which ignited a deluge of anti-Catholic criticism, the Bishop of Lincoln wrote to a local magistrate describing vagrants as devotees of 'popery and blind superstition'. Contemporaries were equally concerned that vagrants might be employed to distribute illicit religious material such as relics and prohibited books.[60] Such concerns were similarly directed towards Protestant nonconformists, as in 1682, when Middlesex justices sought to 'put out of the poor's book' those who 'shall go to any meeting house and not to their parish church.'[61]

In the light of these cases, a number of phenomena require further examination. In particular, informal kinds of voluntary relief need to be considered further, especially charitable healing within the household and the visitation of the sick. This chapter examines each area in turn, focusing on both the impact of confessional affiliations, and the nature of relief provided. By extending my examination across the confessional divide, I also draw much needed attention to the ways in which nonconformists *themselves* engaged in forms of charitable giving. Regarding hospitals and almshouses, I shift the focus from the municipal to the privately endowed. This provides a more detailed study of the significance of personal affinities, which were often asserted in wills, expressed further by trustees, and mediated via the rules, orders and material culture of endowed institutions. Taken together, this research

---

[55] Hindle, *The State*, 39.
[56] Yorkshire was hit by plague 1603-4, 1625, 1631 and 1645, and by failed harvests in the 1590s and 1620s; Essex was hit by plague 1603-4, 1625-6, 1631, 1651 and 1665-6, and by failed harvests in the 1590s and 1630s.
[57] Slack, *Poverty*, 44-92.
[58] A.L. Beier, *Masterless Men: The Vagrancy Problem in England 1560-1640* (London: Methuen, 1985), 140-1.
[59] John A. Hilton, "The Catholic Poor: Paupers and Vagabonds, 1580-1780," in *English Catholics of the Parish and Town 1558-1778*, ed. Marie B. Rowlands (London: CRS, 1999), 115-30.
[60] Beier, *Masterless Men,* 140-1.
[61] Hindle, *On the Parish*, 382.

elucidates the precise ways in which religious affiliations shaped forms of charitable healing, and highlights the forms of 'double care' such practices entailed.

II

Medical Charity within the Household

When people spoke or wrote about 'families' in early modern England, it was not just the nuclear unit that they had in mind. Very often 'family' referred to the 'household', including its diverse dependents such as servants, apprentices, and co-resident relatives.[62] The spiritual and physical wellbeing of dependents was of particular concern to the heads of households. As directed by Lewis Bayly in his Protestant classic *The Practice of Piety*, 'If thou beest called to the government of a *Family,* thou must not hold it sufficient to serve God, and live uprightly in thine own person, unless thou causest all under *thy charge* to do the same with thee.'[63] In a similar vein, William Gouge's manual on *Domesticall Duties*, 1622, recommended that 'masters' engage in 'praying, reading, teaching, and performing like exercises' with their servants.[64] He added, 'in regard that servants have not bodies of brasse, or steele…masters that have the benefit of their strength and abilitie of their bodies, must be carefull of nourishing, and cherishing them…both in *health,* and *sicknesse*.' For preserving health, 'respect must be had to their *Food, Clothing, Labour, Rest*' and 'to the time of their sicknesse also, if it please God to visit them while they are in service…all things needful are in this case to be provided.' Furthermore, 'if a master be poore, and not able to provide that which is requisite…if the sicke person have friends and kindred that are better able, they must provide…if not, the Church must helpe.'[65]

In addition to relieving sick dependents, the wellbeing of poorer neighbours was also a concern. As Featley's prayer manual stated, providing relief to sick members of the community was one of 'the common duties wee owe to our Neighbours.'[66] Likewise, upon delivering a sermon in Newcastle, 1721, the clergyman Thomas Sharp noted 'It is the will of God, that all men…should be assisting to each other in the measure God hath enabled them to be so…in Proportion to their Increase, and the good things they enjoy, to the Supply and Comfort of such necessitous Persons as live among them.'[67] The nature of this 'Supply and

[62] As discussed in Naomi Tadmor, "The Concept of the Household-Family in Eighteenth-Century England," *Past and Present* 151 (1996): 111-40.
[63] Lewis Bayly, *The Practice of Piety, Directing a Christian how to Walk that he may Please God* (1695), 199-200.
[64] William Gouge, *Of Domesticall Duties: Eight Treatises* (1622), 260.
[65] Ibid, 668-75.
[66] Featley, *Ancilla*, 35.
[67] Thomas Sharp, *A Charity-Sermon for the Relief of Poor Widows, and Children of Clergymen* (York, 1721), 6.

Comfort', the practices of 'double care' it entailed, and the significance of confessional affiliations, are my central concerns here.

The fusing of spiritual with physical relief certainly stands out in the primary literature. For example, the Church of England clergyman Thomas Ken (1637-1711), instituted to the rectory of Little Easton in Essex, 1663, recorded the life of a congregant, Margaret Maynard, who died in 1682. Of her medical charity Ken noted, 'she was a common Patroness to the Poor, and Needy, and a common Physician to her sick Neighbours, and would often with her own hands, dress their most loathsome soars, and sometimes keep them in her Family.' For those sick poor she accommodated, Margaret 'would give them both Diet, and Lodging till they were cur'd, and then cloth them, and send them home, to give God thanks for their recovery.' Of her double care, 'To corporal Alms, as often as she saw occasion, she joyn'd spiritual' and thus 'could comfort the afflicted…with so condoling a tenderness.' Elaborating on this practice Ken noted: 'Happy was it for others, that her Charity was so comprehensive, for she often met with objects so deplorable, that were to be reliev'd in all these capacities, so that she was fain to become their Benefactress, their Physician, and their Divine altogether.'[68]

Likewise, the funeral sermon of the Essex puritan Mary Rich, written in 1678 by her chaplain Anthony Walker, recounted 'the double care, both of spiritual and bodily welfare' she had provided for her servants.[69] Mary's personal diary, written between 1666 and 1677, indicates that she also extended this 'double care' to the wider community. An entry from July 20 1677 noted, 'In the afternone I was imployed in some actes of Charity in visiting som that ware sicke and in giving them Good counsel, for their Soules good.' She continued, 'one of the men…was so sadly wounded [I] brought him in to my house.' The patient stayed for several days, during which time he 'was much hurt and his wound was dangerous…and [I] tooke what care I could for him.' Given that sick neighbours often visited the diarist's household, being a 'Closet and Still-house [and] their Shop for Chirurgery and Physick',[70] we can assume the man's physical needs were tended to. Mary recalled the nature of this attendance in more detail, noting that whilst providing 'what care I could for him…I was inabled to speake in a very awakened frame' encouraging the patient 'to repent and turne to G[od].' Practising as Margaret Maynard had done, as 'Physician, and Divine altogether', this 'double care' was a particularly effective mode of healing, as Mary noted, 'he seamed much affected with what I sayd, and wept much, and sayd he resolved to live which I much exsited him unto.'[71] Adopting a similar mode, the Essex Presbyterian Richard Fairclough (1621-

[68] Ken, *Margaret Mainard*, 29-30.
[69] Walker, *Eureka,* 95.
[70] Ibid, 97.
[71] BL, MS Add. 27355, 158r-158v.

1682), who belonged to 'a little colledge of divines' in Finchingfield, was renowned for his 'large, diffusive Charity, where in his excellent Consort, [he was] one of the most pious, prudent, well accomplisht Matrons.'[72]

How far such forms of 'double care' were shaped by confessional affinities warrants further reflection. Indeed, contemporaries persistently reflected upon the issue. In 1630 Edward Dering, a Kent JP and committed Anglican known for attempting to convert Catholic acquaintances, noted in his journal 'The vertue of a neighbourly love and charity is never greater then when it persueth the good of another man's soul.'[73] Regarding the ways in which 'double care' might work to proselytize or convert sufferers, Richard Baxter's *Christian Directory* of 1673 stated, 'Exercise your Compassion and Charity to mens souls, as well as to their Bodies [whereby] You have excellent opportunities, if you have hearts to take them. If ever men will hear, it is when they are sick.' He continued, 'A few serious words about the danger of an unregenerate state, and the necessity of holiness· and the use of a Saviour, and the everlasting state of Souls, for ought you know, may be blest to their conversion and salvation.'[74] In the same breath Baxter called for 'the excellency of Charity and Unity', warning readers to 'take heed lest under pretence of their Authority, their Number, their Soundess, or their Holiness, you too much addict your selves to any Sect or Party, to the withdrawing of your special Love and just Communion from other Christians.'[75] *Charity Commended*, published in 1667 by the Anglican physician John Collop, expressed a similar message. As the medical practitioner noted, 'I can joyn prayers with a Papist, if his be offensive to God, mine may bee pleasing; can hear a French Hugonot with his hat on, uncover'd; receive with a Dutchman kneeling, while he uses the irreverence of his breech; yet separated in my charity from neither.'[76] He persisted, 'From those whom I am divided in opinion, I will not prove a Separatist in my charity; I shall contend in nothing, but not to approve my selfe contentious.'[77] The issue was also confronted in a published tract of 1739, in which a 'minister of the gospel' conveyed 'A persuasive to mutual love and charity among Christians who differ in opinion.' The text advised readers 'that you tolerate one another, that you support one another, that your bear one another's Burdens…Passion, Weakness, [and] Infirmities.' The author also acknowledged that to this end 'The Difficulty lies in the Practice.'[78]

---

[72] John Howe, *A Funeral Sermon for that Laborious Servant of Christ Mr. Richard Fairclough* (1682), 57.
[73] FL, MS x.d. 488, 18r.
[74] Richard Baxter, *A Christian Directory, or, A Summ of Practical Theologie* (1673), 43-4.
[75] Ibid, 47.
[76] John Collop, *Charity Commended, or, A Catholick Christian Soberly Instructed* (1667), 56-7.
[77] Ibid, 95.
[78] Anon, *A Persuasive to Mutual Love and Charity…for the Healing of Present Divisions Among us by a Minister of the Gospel* (1739), 1-2.

Looking, then, at practice, it is clear a number of contradictory impulses jostled together. In some contexts medical charity worked to strengthen confessional associations, or provide occasions to instruct, proselytize and convert. In other settings, interconfessional relief was motivated less by a desire to incite conversion, and more by a sense of genuine compassion and Christian duty. The practices of the Anglican gentlewomen Mary Wharton, who resided in Edlington in Yorkshire, illustrate relief that was distributed in a more confessionally aligned manner. Following her death in 1674, the local rector described her attendance upon the sick poor, noting that she would 'comfort the Sick with such things as she had…taking some of them into her own Family.' Regarding those she chose to relieve, 'She was perswaded, that God required her to help, when he was pleased to present her with such an object of Charity.' Nevertheless, 'did she judge, she had got the fittest object, when this necessity was accompanied with sincere Piety…There she accounted her Charity most due.' Consequently, she was 'careful to make right choice of the Party whom she ought to relieve' for 'it was ever her great desire and careful endeavour, that all who were near her, should serve God with her.'[79]

The practices of several Catholic families in Essex offer comparable examples. In the early seventeenth century, the Wisemans, who maintained a household in Wimbish, established their residence as a centre of relief for 'hard pressed Catholics'.[80] Likewise, the Petres of Ingatestone set up their house as a mass centre during the 1630s, providing morning mass, long litanies and prayers at evening, as well as distributing corporal alms to poorer Catholics who attended.[81] Moreover, Lady Petre compiled a list of 'remeberances which my dear husbande hath willed mee to make and hath promised mee to performe after his death.' This included distributing 'x*l* yearly to the poore Catholikes in the parishe where I was borne.'[82] The recusant Dorothy Lawson (1580-1632), of Newcastle-Upon-Tyne, engaged in similar exercises. Based initially at Heaton, and later at Usworth, Dorothy's households functioned as centres of relief in which forms of 'double care' were provided to co-religionists. For example, when a Catholic neighbour fell sick with a 'contagious and noisome' disease, Dorothy accommodated him in her household, monitored his diet, provided necessary remedies and 'hier'd a skillfull woeman for his attendance'. In addition, they called upon the intercession of St. Francis and St. Catherine, attributing his recovery to their miraculous powers. She was also in possession of a number of Catholic relics, and so for those she treated, Dorothy customarily provided 'comfort of both sorts: relics for the soul and cordials for the body'. Furthermore, on festival days poorer neighbours were invited to

---

[79] P.W., *Mary's Choice Declared in a Sermon Preached at the Funeral of the Right Honourable Lady Mary Wharton…by P.W., Rector of Edlington* (1674), 41-2.
[80] B. Foley, *Notes on Some Catholic Confessors in the County of Essex* (Brentwood: ERS, 1963), 60.
[81] Ibid, 41.
[82] ERO, MS D/DP Z30/13.

hear mass and evensong in her house. Catechisms then began in the afternoon at which she distributed healing amulets, protective medals and Agnus Dei to those who answered best.[83]

Dorothy's charity was also extended across the religious divide, and, in some cases, a desire to convert the relieved is apparent. As her biographer recorded, 'to them…that made religious vows of voluntary poverty, and hazarded their selves for the conversion of souls, she needed a bridle, not a spur.' He continued:

> Many changes shee wrought att Heton, I mean in men's souls…illuminating with celestial rayes the ecclyps'd with ignorance, relieving the necessitated with alms [and] baptizing with her own hand children in danger to miscarry in birth, and, which the great St. Denis averreth to be of divine offices superlative, and most pleasing to the Highest Majesty, converting souls to the true faith with success so prosperous that many, above a hundred, were reconciled by her endeavours.[84]

Sister Dorothea, a member of the Catholic Institute of the Blessed Virgin Mary based in Hintlesham during the mid-seventeenth century, followed suit. Reputed for her healing skills, she was regularly employed to serve in Catholic households. By such means, she was also directed to convert Protestant dependents. As Dorothea recorded in her diary:

> The 19th April at my lady her request, I went for three weeks to live with a gentlewoman who was newly become a Catholic. Her father and mother were such Catholics as take the oath…I soon gained their affections, by serving and tending them both, and making medicines and salves, and teaching them to do the same…I perceived the gentleman his life would not be long. I persuaded him to prepare himself by means of the sacraments for the next life…he got a Father of the Society unto him, and was happily departed before I could return. The gentlewoman now a widow, was earnest for my stay, and I perceiving much good there to be done, in particular aiming at the conversion of four there, I was content to stay and entreated the Father to do the like.[85]

Nevertheless, relief extended across the confessional divide was not always motivated by a desire to convert sufferers. In many cases a sense of Christian duty, irrespective of religious affiliations, was equally significant. For instance, whilst the

---

[83] William Palmes, *Life of Mrs Dorothy Lawson of St. Anthony's, near New-Castle-Upon-Tyne in Northumberland* (Newcastle-Upon-Tyne, 1851), 23-46.
[84] Ibid, 21.
[85] Henry James Coleridge, ed., *The Life of Mary Ward 1585-1645* (1885), 31.

practices of Dorothy Lawson worked to bolster Catholic solidarity, and bring the misguided back into the fold, 'Her liberality did bountifully extend to the poor, both by vow and necessity' and she was 'so studious of her neighbours good.'[86] Such practices appear to have fostered affectionate relations between Dorothy and those parishioners at odds with her in matters of faith. A case in point is offered by the events that took place at her funeral in 1632. As her biographer described 'the next day after her death all the gentry thereabouts were invited and a dinner was prepared for them.' Following this, 'The magistrates and aldermen, with the whole glory of the towne…attended att the landing place to wait on the coffin, which was cover'd with a fine black velvet cloth.' Together they 'carried it to the church door' whereafter 'they deliver'd it to the Catholicks…who with another priest…laid it with Catholick ceremonies in the grave.'[87] Interactions outside the household, more specifically, the visitation of the sick, is my next point of focus.

Visiting the Sick

Listed as one of the works of mercy in Matthew's Gospel, visiting the sick was conceptualised as an important religious duty. Furthermore, in contrast to what some scholars have claimed, this religious underpinning did not progressively wane as the period advanced.[88] A cursory look at contemporary literature on the topic highlights the point. Bayly's *Practice of Piety* instructed readers: 'when thou goest to dinner…send some part of thy Dinner to the poor, who lie sick in the back-lane, without any food. For this will bring a blessing upon all thy works and labours: and it will one day more rejoice thy Soul.' Bayly added, 'the duty to be performed in respect of our Neighbour, is Charity' and 'If any neighbour be sick, or in any heaviness, go to visit him.'[89] The clergyman Richard Kidder highlighted the concept in his *Charity Directed* of 1676, noting: 'Tis Advisable, that the Alms-giver bestow his Charity with his own hands: That he do both inquire out for the Needy, and afterwards Relieve them himself.' He continued, 'Let him go…to the Houses of the poorest, examine their store, and pry into their Necessities. Let him visit Sick and Wounded poor People, and dress their Woundes with his own Hands if he can, or at least, see them Dressed...Tis a most Christian office to do this.'[90] Likewise, in 1746 the clergyman John Dalton delivered a sermon on the matter, noting 'what Influence the Visitation of Sickness ought to have upon the Conduct of our Lives…with Regard to our Fellow Creatures; more especially our indigent and sick Brethren.' With this in mind, 'Let us not forget, what earnest Resolutions we then formed of never again neglecting to console and

[86] Palmes, *Dorothy Lawson*, 46, 26.
[87] Ibid, 60-4.
[88] See footnotes 21, 28, 29.
[89] Bayly, *Practice*, 279-80, 339.
[90] Kidder, *Charity*, 27-8.

relieve their dispirited Minds and infirm Bodies, if it should please God to grant us another Opportunity.' So Dalton concluded, 'Let those who would enjoy the Blessing of their present Health, sanctify its Pleasures, by endeavouring to restore it in others.'[91]

Looking at contemporary practices, it appears this advice was heeded. At the same time, the profoundly religious nature of charitable healing underpinned a number of seemingly paradoxical acts. That is, visiting the sick was practised in both intra- and interconfessional forms: working to bolster religious solidarity, offer opportunities to instruct or convert, as well as provide occasions to express one's sense of common humanity and Christian responsibility. Regarding its intra-confessional forms, providing relief to co-religionists was undoubtedly a priority for many. The puritan Mary Rich, of Leighs in Essex, sometimes distributed aid in a general manner, as she noted in her diary in 1677, 'I did exercise my charity' to 'the poor of this parish', 'severall poore widowes', or 'seaverall of the poore families] in the neighbourhoods',[92] while at other times her relief was targeted more specifically. In April 1673 she recalled, 'I did this day a considerable worke of Charity to a good minester, blessed be God for inabling me to doe some good to one of the household of faith.'[93] In March 1676 'I did a pretty considerable act of Charity to a pious mans distressed family upon account his being so.' That same month 'I did a pretty considerable act of Charity to a distressed Realigeous widow upon the account of hur being so.'[94] The puritan gentlewoman Mary Vere, who resided in Kediton just twenty miles away, adopted a similar approach. As the author of her funeral sermon noted in 1683, 'the largeness of her Charity [was] so great…meat for the empty Belly: Medicaments for the Sick: Salves for the Wounded, or that had Sores.' Nonetheless, 'In the Prime objects of her Charity: She did indeed cast her Seed upon all sorts of Ground, but especially upon Gods enclosure. The Household of Faithful had her fullest Handfuls. To such she never thought she gave enough.'[95]

Susanna Perwich, a Presbyterian residing in Middlesex, followed suit. Upon her death in 1661 John Batchlier, a co-religionist and 'neer Relation, that occasionally hath had an intimate converse in the Family', wrote an epitaph on the subject:

Where need requir'd she, suffer'd none
In vain to her to make their moan.
The meanest Beggar at the door
She pittied, and reliev'd the Poor.
By her good will, no one should want,

[91] John Dalton, *The Religious use of the Visitation of Sickness, Recommended in a Sermon Preach'd at the Abbey-Church at Bath* (Bath, 1746), 9-19.
[92] BL, MS Add. 27355, 207v, 209r.
[93] Ibid, 27353, 163r.
[94] Ibid, 27355, 116r-117v.
[95] Cited in Samuel Clarke, *The Lives of Sundry Eminent Persons in this Later Age* (1683), 147.

Specially those in Covenant:
For them it was her chiefest care,
When they were sick, hungry, or bare.
Christ's suffering Members she would visit,
As oft as time serv'd, she'd not miss it.[96]

Activities taking place at a monthly meeting of Quakers in Skipton, Yorkshire, are equally revealing. When two of the meetings attendants, John Lamplugh and Richard Tolson, were questioned by Justices of Cumberland in 1661 they stated 'they Usually are at such Monethly meetings…sometimes 8 and sometimes 10 in Number who meet from seurall parts of this County att Seurall places to the end they may know what persons are poor, & how they may be relieued.' Upon further questioning they specified that 'the ends therof are to know what poorer there are of their Judgment thatt stands in need of their releife in Prison or els where.'[97]

Such practices continued as the period advanced. The Suffolk Presbyterian Elizabeth Bury, who died in 1720, was remembered for 'Her Charity to the Poor, [which] was known to many especially to the Houshold of Faith, whether to Natives or Foreigners,' thereby advancing 'the Relief of miserable Families, exil'd for Religion.' In addition, 'she would shew upon all Occasions (when her own Health would allow it) a very compassionate Concern for the Sick and Afflicted.' And to those outside the 'Houshold of Faith' she 'took pleasure in visiting…as it gave her an opportunity of enquiring into the State of their Souls, and impressing upon them the Concerns of Religion.'[98] So it seems, Richard Kidder's advice came to fruition: that '*Relief* and *Instruction*' operate in unison.[99] Elizabeth Bury was not alone in her efforts. In the winter of 1667 Mary Rich recalled, 'after dinar [I] went to see a poore woman goody Crow that was in great danger of death.' Whilst tending to her 'I did indeavour by all the awakening discourse I could to perswade hur to repentance…indeavoring to doe hur soule good, and it pleased God to make hur something sensible by what I sayde.'[100]

The Church of England clergyman Edward Rainbowe (1608-1688) adopted a similar approach. As his biographer noted in 1688, 'Dr Rainbow, being exiled from Magdalen College, by the Order of the Rump Parliament…was Presented by the Earl of Suffolk to a small Living at little Chesterford, near Audley Inn in Essex, in 1652, which he accepted.' Here, 'tho he could not openly use the English liturgy, yet he used some of those excellent

---

[96] John Batchlier, *The Virgins Pattern: In The Exemplary Life, and Lamented Death of Mrs. Susanna Perwich* (1661), 48-9.
[97] Norman Penney, ed., *Extracts from the State Papers Relating to Friends 1654 to 1672* (1913), 118-9, 144-5.
[98] J. Watts, *An Account of the Life and Death of Mrs Elizabeth Bury, Chiefly Collected out of her Own Diary Together with her Funeral Sermon* (1720), 15-17, 34.
[99] Kidder, *Charity*, 26-7.
[100] BL, MS Add. 27351, 275v-276r.

Prayers of which it is compos'd; and that not only in his private Family, but also composed such Prayers as he used in the Church out of those in the Liturgy.' Furthermore, 'to those who were indigent…[he] often went to their Houses to Catechise and instruct them' and 'his Kindness was unlimited to the corporal Wants of the Needy; so no less compassionate was he to those who went astray from the true Fold.' For those who did go astray, 'he often gave Mony to oblige them to attend to his Instructions; thereby making their Temporal Necessities to contribute to the supplying their Spiritual Wants. A double Charity! [sic]'[101] Likewise, William Burkitt (1650-1703), the vicar of Dedham in Essex, 'found time to visit the sick…[and] not only ministered to their souls, but inquired into their bodily wants and procured for them the supplies they needed.' Whilst doing so, 'he found time…in their houses to instruct, admonish, exhort and comfort them as their cases required.'[102]

The Presbyterian minister Thomas Brand (1635-1691), a native of Leaden Roding in Essex, who eventually settled in Kent, took this 'double charity' a step further. As co-religionists recounted following his death, Brand was 'good to all, to the Bodies and to the Souls of all manner of Persons, though with great difference and judgement.' Whilst he extended his relief across the confessional divide, 'he had taken some pains with them, to convince and reform them he hath given to.' In this context, Brand engaged in 'spreading the most Awakening, Convincing, Practical Books, to provoke and encourage serious Godliness', distributing '18*d* bibles' and 'Several of Mr Baxter's Treatises [including] his Call to the Unconverted [and] his Directions to prevent miscarrying in Conversion.'[103] In a similar vein, the Anglican school-master of Felsted in Essex, Christopher Glascock (d. 1690), 'had…a Compassion for Dissenters, and such as by some might be interpreted as favouring their way: But his Charity was more to their Persons, than their Cause.' In so doing, 'he had a kindness for the Men, so as to testify it in the most proper way, by endeavouring what in him lay to remove their Prejudices, and to recover them to Communion with us.'[104]

That being said, cross-confessional relief was not always motivated by a desire to 'convince and reform' sufferers. In some cases it appears Joseph Glanvill's hopes were fulfilled, that is, for aid 'to be extended to all Mankind [as] the more general it is, the more Christian…not confin'd by names, and petty agreements, and the interests of Parties.'[105] This 'general' charity was practised, for example, by Susanna Howard (1627-1649), an Anglican residing in Audley End, near Saffron Walden in Essex. The aforementioned clergyman

---

[101] *The Life of the Right Reverend Father in God, Edw. Rainbow, D.D. Late Lord Bishop of Carlisle* (1688), 46-110.
[102] *Memoirs of the Life of the Rev. William Burkitt. Late Vicar and Lecturer of Dedham in Essex* (1704), 11-12.
[103] Samuel Annelsey, *The Life and Funeral Sermon of the Reverend Mr. Thomas Brand* (1692), 50-8.
[104] William Shelton, *A Sermon at the Funeral of Mr. Christopher Glascock, the Late Eminent School-Master of Felsted in Essex* (1690), 27.
[105] Glanvill, *Catholick Charity*, 5-6.

Edward Rainbowe wrote her funeral sermon in 1649, and of this relief, he recounted: 'Her Charity…was not the tithe of what she gave, they need not come to her to ask, but Clothing and Food, and Physick, and other Comforts were sent to their habitations…and these provided also for some, who must otherwise have lyen without doors.' She was also 'her self a frequent Visitour to be truly informed of their persons, and condition'. In addition:

> She was in so perfect Charity with all conditions of men, that in these boysterous times, where difference in opinion, either in civill affairs or points of Religion, hath bred so much ill blood, or indeed shed so much blood, both Good and Ill; if she chanced to converse with such from whom her judgement differd in every kind, and did hear them make serious professions that they practised according to that light, which was in their understanding, although she could never be won in the least degree to approve of their erroneous opinions, yet she hath been in perfect Charity.[106]

In a similar manner, the Middlesex Presbyterian Nathaniel Oldfield, who died in 1696, was revered by co-religionists for the fact that 'He was in Principle and Practice, very Charitable to those from whom he differed in Opinion', that 'He loved all Men, in whom he could discern any thing of real Goodness' and that 'He did not confine the Church of Christ to a Party, or endeavour to make Proselytes of Any.' Underpinning such practices:

> He was sensible how much the interest of Real Religion is weakened, when the Bond of Peace is broken; and that when we bite and devour one another, we are in danger to be consumed one of another. He was therefore an Enemy to Censorious Heats and Bitterness, and all such narrow Principles as destroy Love.[107]

How far this 'general' charity was practised within privately founded almshouses and hospitals is my final line of inquiry.

Almshouses and Hospitals

In England, institutions providing either care or accommodation for the poor and the sick were described variously as: almshouses, hospitals, lazar houses, spitalhouses, bedehouses, Godshouses, maisondieu, and a range of other terms. Their defining characteristic was their provenance in the realm of philanthropy, whether funded privately or by an organisation. Their origins lay partly in monastic foundations, whose obligation to distribute alms was key

---

[106] Edward Rainbowe, *A Sermon Preached at Walden in Essex…At the Interring of the Corps of the Right Honorable Susanna, Countesse of Suffolke* (1649), 17-19.
[107] John Shower, "A Funeral Sermon Preached upon the Death of the Reverend Mr. Nathaniel Oldfield," in *The Mourners Companion: Or Funeral Discourses on Several Texts* (1699), 229-30.

to their existence. Alms would be distributed at monastery gates and over time the practice of providing board and lodging for travellers became common. Aged or sick monks were cared for on-site in a 'farmery', and over the course of the twelfth and thirteenth centuries, monasteries began to minister to lay people who were sick, though this usually took place in a separate establishment run by the monks and lay brethren. From the thirteenth century it was also increasingly common for non-monastic benefactors to found such institutions, from monarchs, senior clergy and aristocracy, to urban livery companies, guilds and wealthy merchants.[108]

The impact of the Reformation upon these foundations was particularly significant. The monasteries and their associated charitable institutions were swept away in 1536 and 1539, while in 1545 and 1547 the crown confiscated the property of chantries, some hospitals and some parish religious fraternities that had provided help to those members who fell sick. It has been estimated that some 260 hospitals and endowed almshouses were closed during this period, representing at least half of the existing institutions.[109] Historians have suggested that the dissolution of the monastic houses made it possible to reconceptualise medical charity as a civic obligation to the commonwealth, thereby desacralizing its meaning.[110] Nevertheless, in recent years scholars have demonstrated that recovery actually ensued, with 479 institutions continuing in operation by the end of the sixteenth century, that number progressively rising to 7,655 by the mid-nineteenth century.[111] Moreover, the assumption that Protestant charity became a solely civic obligation divorced from concerns with the hereafter has been effectively challenged. In particular, research has demonstrated that the religious inspiration for charitable activity remained central for Protestants, operating as a mark of election, a public expression of confidence in their salvation and faith that distinguished them from the reprobate.[112]

The centrality of religious concerns informed a number of practices within endowed institutions, such as the ongoing prayers for beneficiaries that took place in both Catholic and Protestant hospitals.[113] Contemporary narratives are equally revealing. As Daniel Featley maintained, individuals should relieve the sick 'so by their prayers [they] may be received into everlasting habitations.'[114] The Anglican clergyman Thomas Ken followed suit in 1682, directing his Essex congregation to admire the practices of Margaret Maynard, who 'would by no means endure that by the care of plentifully providing for her Children, the wants and

---

[108] Nigel Goose and Henk Looijesteijn, "Almshouses in England and the Dutch Republic circa 1350-1800: A Comparative Perspective," *JoSH* 45 (2012): 1049-73.
[109] Mcintosh, "Poverty," 460-1; Goose and Looijesteijn, "Almshouses," 1054.
[110] See footnote 21.
[111] Goose and Looijesteijn, "Almshouses," 1054-6.
[112] Ibid, 1062; also see footnotes 23 and 24.
[113] Mcintosh, "Poverty".
[114] Featley, *Ancilla*, 560-1.

necessities of any poor Christian should be over look'd, and desir'd it might be remembered that Alms and the Poors prayers will bring a greater blessing to them.'[115] Such examples are particularly relevant to histories of charity and medicine, some of which suggest that spiritual concerns gave way to material considerations as a result of state expansion and the growing power of the medical profession.[116] For example, regarding endowed institutions in eighteenth-century England, scholars have argued that they took on an increasingly secular character, whereby the authority of benefactors waned as medical men took control of their day-to-day running.[117] On the contrary, this section demonstrates that the religious concerns of benefactors, residents, and those who tended to them, remained central.

To begin, the general nature and function of these institutions needs to be set out. Regarding their foundation, a minimum level of wealth was required to provide for the long-term maintenance of an establishment. Founders came from a variety of social strata, including monarchs, archbishops, members of the aristocracy, humble merchants, and tradesmen. Regarding size, the majority of these institutions were relatively small, accommodating on average between eight and ten residents. Some institutions were reserved for men, some for women, and sometimes both. Residents were generally selected on the basis that they were 'respectable' and 'god-fearing', and requirements relating to age and place of habitation were usually attached.[118]

Concerning the nature of daily life for residents, a description of the Edward VI almshouse in Saffron Walden, a municipal institution operating throughout the period, provides a helpful outline:

> The number of poor men and women was to be fifteen…One of the 15 poor people…shall be a discreet, sober woman, to dress meat, bake and brew for the poor persons, and keep those that are sick, and wash and govern them as she may be able; and she shall have…for her stipend and labour 6*s* 8*d* herself; and when any of the poor persons shall decease, if she be diligent in tending them during their sickness, she shall have the best garment of each one that shall chance to die…The fifteen poor persons to assemble (unless they are sick) every morning at six or seven o'clock in the chapel, and say the prayers appt. by the King and afterwards to go to the church and hear divine service, sitting together in the north side of the church, called The Almshouse Stalls. After dinner every

[115] Ken, *Margaret Mainard*, 29.
[116] See footnote 28.
[117] As embodied in Fissell, *Patients*.
[118] Goose and Looijesteijn, "Almshouses," 1055-9.

> one to do what business they can best do, until afternoon prayer, when they are to resort again to church; and after supper say grace in their oratory.[119]

Clearly, then, such establishments attended to matters both spiritual and physical. The practices that took place in these settings warrant further reflection. So too does the role confessional affiliations played, both in terms of how such convictions were expressed within institutions, and how far they shaped relations between benefactors, trustees, residents and the wider community.

What seems especially striking is that unlike charitable healing within the household, and the visitation of the sick, endowed institutions appear to have operated along confessional lines exclusively. This involved putting in place exacting stipulations concerning the character of inmates deemed worthy of acceptance, barring or removing those who did not conform to the donor's religious outlook, and ensuring that the material culture of the institution worked to express the donor's personal values. For example, concerning the latter point, the Archbishop of Canterbury George Abbot (1562-1633), a committed reformer who founded the Hospital of the Blessed Trinity in Guildford, demanded that a portrait of himself depicted in clerical dress hang in the hospital boardroom alongside portraits of other Protestant figures including Sebastian Munster, John Foxe and John Calvin.[120]

Shireburne Almshouse in the parish of Longridge Fell provides another example. It was established by the Shireburne family, well-known Catholics based at Stonyhurst Hall in Yorkshire. The intention to found a Catholic almshouse was that of Richard Shireburne (1626-89), whilst its construction was overseen by his son Sir Nicholas Shireburne (1658-1717). Nicholas was particularly explicit about his religious and political allegiances, for instance, when his daughter Mary fell sick in the spring of 1698, he had no hesitation in sending her on a well-publicised trip to seek a cure at the exiled Jacobite court of St. Germain. During her seven month stay, she was touched for the King's Evil by James II in a carefully organised ceremony which lent itself easily to the creation of effective propaganda, and was used both to emphasise her father's continued refusal to acknowledge the legitimacy of the English government and to proclaim his faith in the quasi-divine properties of the exiled monarch.[121] Between 1706 and 1708 Shireburne's almshouse was erected 'accessible

---

[119] Richard Lord Braybrooke, *The History of Audley End to Which are Appended Notices of the Town and Parish of Saffron Walden in the County of Essex* (1836), 222-3.
[120] J.W. Penycate, *A Guide to the Hospital of the Blessed Trinity (Abbot's Hospital) Guildford* (Guildford: Biddles, 1976), 6.
[121] John Callow, "The Last of the Shireburnes: The Art of Death and Life in Recusant Lancashire, 1660-1754," *Recusant History* 26 (2003): 589-616, 596.

only by a very steep road, deep in sand'.[122] It contained a central court and ten double rooms providing accommodation for twenty poor Catholics. Within the structure a large flight of steps lead to a pedimented chapel topped with urns.[123] On the pediment the Shireburne coat of arms was displayed. Alongside this, portraits of Popes and exiled Stuarts were exhibited on the walls.[124]

Benefactors also put in place stringent specifications regarding the character of potential residents, which involved excluding or removing those who did not conform to the donor's religious outlook. Restricting admission on these grounds was also employed within municipal institutions. The removal of John Lawes from Sherburn Hospital in County Durham for recusancy and being a 'Papist convict' in August 1682 offers a case in point.[125] Privately founded establishments were equally discerning. The endowment of Lady Sarah Hewley, a Presbyterian from St Saviour's parish in York, provides an example. By deed of 26th April 1707 Lady Hewley conveyed to her Presbyterian trustees Richard Stretton, Nathaniel Gould, Thomas Marriot, John Birdges, Thomas Coulton and James Wyndlow: 'a hospital and almshouse' specifying that 'certain lands in the City of York, or near the walls of the same city, and in Eston, in the county of York, upon trust…to permit the said almshouse or hospital to be for ever used and enjoyed as and for an hospital or habitation for poor people'.[126] The admission of these 'poor people' was not without several significant preconditions. As the donor requested:

> The trustees thenceforth, for ever, the only special visitors and governors of the said almshouse or hospital, and of all the poor persons therein…[should have] the sole power…to govern, order, admit into or expel or put forth of the said almshouse all such poor persons as then were, or thereafter should be admitted into the same, yet pursuant always to the said rules, orders, directions, articles.[127]

A 'Book of Rules' was drawn up stipulating that only those of 'pious inclinations shall merit Christian consideration and pity', and therefore only those 'piously disposed and of the Protestant religion' were to be admitted.[128] The ability to recite 'A Plain and Short

---

[122] Ben Edwards, "The Shireburne Almshouses," *Lancashire Local Historian* 10 (1995): 27-36.
[123] Hilton, "Catholic Poor," 125.
[124] Callow, "Shireburnes," 604.
[125] G. Allan, *Collectanea Dunelmensis, Collections relating Sherburn Hospital in the County Palatine of Durham* (Durham, 1771), 257.
[126] Ibid, 230.
[127] Ibid, 231.
[128] James, *Litigation*, 233-4.

Catechism', written by the ejected minister Edward Bowles, was also a precondition of participating in the benefits of the almshouse.[129] The 'rules' continued:

> Let every almsbody be one that can repeat by heart the Lord's Prayer, the Creed, and Ten Commandments, and Mr Edward Bowles's Catechism. Let all almspeople, when not disabled by weakness, duly repair to some assembly of the Protestant religion…Let no almsbody receive any visits on the Lord's Day, except in case of sickness…Let every almsbody, morning and evening, in private devotion, commend themselves to God in prayer, and in their prayer remember their foundress Sarah Lady Hewley, while she lives, and after her death pray for her trustees.

Upon failure to adhere to these rules, 'upon the third transgression, it shall be lawful for the trustees…to remove and turn out such disorderly persons.'[130]

Lady Hewley's plans were resisted in due course, whereby an altercation arose between the Mott family, relations on her mother's side, and her selected Presbyterian trustees. In 1711, the Anglican minister Nathaniel Mott, of Weatherfield in Essex, filed a bill in the chancery against Thomas Coulton and his co-trustees. Mott asserted that Coulton 'had such an ascendancy over Lady Hewley that she did nothing as to her estate without consulting him; that he had possessed her with the notion that she was bound in conscience to leave the greater part of her estate to religious purposes.' Mott persisted, since Lady Hewley 'had been bred up and to her death continued a Presbyterian or Dissenter from the Church of England' she was persuaded to endow institutions for 'the bringing up and education of such sort o sectaries.' Coulton's plea insisted 'That he never interfered with her ladyship's affairs during her life except that she consulted him as to the settlements' and that 'her understanding and judgement were perfect to the last.' Following this plea the suit appears to have been abandoned and the trusteeship of the almshouse was almost exclusively kept in what were still accounted the Presbyterian county families of Yorkshire.[131] What this altercation demonstrates is that the confessional identity of an almshouse could generate tensions within the wider community, especially if it was deemed to be of a religiously subversive nature.

The exacting stipulations drawn up by the Presbyterian benefactor Arthur Winsley, who founded an almshouse in Colchester, are comparable to those of Lady Hewley. In his will dated March 1726, he bequeathed a house for the 'inhabitacion of twelve ancient men', and requested that the institution be managed by a select group of co-religionists including 'my

---

[129] Dale, *Yorkshire Puritanism*, 32.
[130] Ibid, 235.
[131] Ibid, 236-8.

brother Richard Winsley, Nathaniel Lawrence, Thomas Coe, John Grimston, Mr Edward Sherman of Dedham, my brother Benjamin Dyer, and Jeremy Daniel'. Winsley further requested that the institution be constructed near St Helen's Lane, a significant choice given that a large Presbyterian meeting house had been operating on St Helen's Lane since the 1690s.[132] In addition to ensuring that the almshouse was situated near, and governed by Presbyterians, the benefactor demanded that life and conduct within the institution further reflected his religious values. For instance, he stipulated that 'my will is that no profane person given to swearing, drinking, or any other vice be admitted' and requested that 'if any of them be found so guilty, that they may be turned out by the major part of the trustees'.[133] The donor also instructed that '10*s* yearly be paid to a good preacher, chosen by the trustees to preach a sermon to the said poor men every New-year's day'.[134] Indicative of their future choice, the trustees employed the Presbyterian John Tren, first minister of the meeting house in St Helen's Lane, to deliver a sermon upon the opening of the almshouse.[135]

Once an almshouse was opened, how far the requests of the benefactor were upheld needs to be considered. Wandesford Hospital in York provides a useful case study. The institution was founded by Mary Wandesford, a committed Anglican who resided in the same city. She died in 1726 at the age of 71, and by her will and testament bequeathed funds 'for the use and benefit of ten poor Gentlewomen who were never married and who shall be of the Religion which is taught and practised in the Church of England as by law established.' These funds were used to found a hospital where residents 'shall retire from the hurry and noise of the world into a Religious House or Protestant Retirement which shall be provided for them: and they shall be obliged to continue there for life.'[136] The trustees she appointed included 'Rev. Richard Osbaldeston, dean of the Cathedral Church of Saint Peter in the City of York…Rev. John Bradley, one of the Prebendarys of the same Church, Rev. John Wandesford, rector of Catrick in the County of York and William Woodyear of the same County, esquire.'[137] The 'Rules and methods of the Society' were clearly set out by the benefactor, as she noted, 'I do appoint my Trustees…to purchase a convenient habitation for them where they may all live together under one roof and where they may make a small Congregation onto at least everyday at prayers.' Furthermore, if any resident 'shall either withdraw herself from the house…or shall marry or shall behave herself insuitably to the design and rules of this foundation the trustees shall have it in their power and are hereby

---

[132] T.W. Davids, *Evangelical Nonconformity in the County of Essex From the Time of Wycliffe to the Restoration* (1836), 375.
[133] M. Morant, *The History and Antiquities of the Borough of Colchester in the County of Essex. Selected from the most approved Authors* (Colchester, 1810), 126.
[134] Ibid, 126.
[135] ERO, MS D/DRC Z15.
[136] BI, MS DR.WH, 1r-2r.
[137] Ibid, 5r.

desired to remove her and to fill her place with another Gentlewoman who may better deserve it.'[138] Signifying the enduring importance of remembrance, Mary also requested that 'a square picture of myself to be hung up and remain in the house.'[139]

Regarding how these plans fared over time, religious concerns and practices remained central. 'A convenient habitation' was not located until 1743, when a piece of land at Bootham was purchased. Prior to this, a decree of the court of chancery had been drawn up in 1737, in which trustees established that '£10 a year should be paid to the minister or Curate of the Parish…to read morning service in the Common Prayer in the said House everyday', and 'that there should be a limitation of the age of the poor maidens…none [to] be admitted under the age of fifty years.'[140] In 1742 the trustees appointed Mr Dodsworth, rector of Saint Olaves, as 'Chaplain or Reader to the said hospital'.[141] They also created an 'Order Book' which specified that residents 'shal to the best of their Endeavours be of pious, godly, chast and virtuous behaviour, neither offensive to each other by scolding and brawling, calumny and slander…[and] if they offend in any of these particulars, they shal be Expelled, and removed.' They stipulated that residents 'shal attend prayers there daily, except in case of sickness' and 'each poor gentlewoman in their turns shal monthly deliver a bill of the absentees from prayers to the chaplain…and on such days as they have not prayers at the Hospital, they shal not fail under the like penalty to attend the publick worships of God, either at their parish church or the cathedral.' They also requested that residents 'shal not…suffer any person to continue in their respective rooms…except in case of sickness.'[142] To impress these orders further, trustees demanded that the 'statutes and ordinances…[be] put in a frame and hung in the prayer room of the Hospital for the Instruction of the poor Gentlewomen and others Concerned.'[143]

Having examined records from the hospital's receipt books and petitions for election, it is clear that the donor's and the trustees' specifications remained central to the institution's running. An extract from the receipt book of 1744 records a case of expulsion. The plea of the resident was documented, stating: 'I Catherine Forster do hereby acknowledge that many years since I had a Child and since that time have imposed upon the Trustees of Mrs Mary Wandesford Hospital for maiden gentlewomen…I do hereby acknowledge my offence, and do voluntarily depart.'[144] Petitions for Election are equally revealing. In 1751 Sarah Priestly appealed to the trustees noting, 'That your petitioner is a Gentlewoman by birth…[and] has lived in constant communion with the Church of

[138] Ibid, 2r.
[139] BI, MS DR.WH, 2v.
[140] Ibid, 'Copy Decree', unpaginated.
[141] Ibid, 'Letters', unpaginated.
[142] Ibid, 'Order Book', unpaginated.
[143] Ibid, 'Letters'.
[144] MS DR.WH 7/1.

England…is aged upwards of 50 years, is in needy and necessitous circumstances, not having sufficient for my support without the benefit of Mrs Wandesford's Charity.' Sarah added, 'your Petitioner as in duty found shal everyday pray.' In 1752 Elizabeth Monck sent the trustees a petition stating, 'she is in the fiftieth year of her Age and never was married' and that her family money 'was entirely lost by insolvent Debters and other misfortunes.' She was therefore 'obliged to maintain herself by her own Industry, but her Eyes being now very weak and bad and being likewise afflicted with Rheumatick Pains she grows every day more incapable…[and] humbly begs to be admitted into the Hosptial founded at York.' Expressing her affinities to the Church of England, Elizabeth got four local vicars to sign the petition.

Such records persisted as the century wore on. In 1754 Agnes Lupton of Skipton sent the trustees a petition confirming that she 'was never married, had neither child nor children, is upwards of fifty years, has lived in constant communion with the Church of England…[and] is in needy and necessitous circumstances.' Similarly, in 1759 Jane Dunning of Northallerton appealed to the trustees stating 'that your petitioners late father…was a Gentleman…[and] her mother was daughter to Anthony Danby of Leake Esqr.' The appeal recounted that Jane's father was forced to sell his estate upon his death, 'for the payment of just Debts', and so she had been 'forced to be beholden for their Maintenance, to the Charitable assistance of others.' Moreover, 'to add to your Petitioner's distress, she hath been long and still continues to be, very often afflicted with the Rheumatism and other Disorders; so that she hath no visible means, or prospect (at her time of Life, being above the age of fifty years) of being able to maintain or support herself.' The petition was signed by the vicar of Northallerton.[145] Further indicating the persistence of religious concerns and practices, a set of records pertaining to the management of the hospital in 1909 are significant. A letter from one trustee to another stated, 'The rules [require] the daily assembly of the ladies at prayers to be read by the reader or chaplain.' To his disappointment, 'I am informed that the latter only visits once a week unless specially sent for.' His insistence that the chaplain visit residents on a daily basis speaks to an enduring form of 'double care'. As the trustee specified, 'If the rule were carried out it would give the opportunity of visiting any ladies who were absent and ascertaining their state of health.'[146]

[145] Ibid, 5.
[146] Ibid, 4.

Conclusions

This chapter has examined the abiding spiritual framework that informed practices of medical charity. It has examined the nature of healing practices in greater detail. The extent to which confessional affinities shaped such practices has also been explored. Charitable healing, or 'double care', was a profoundly religious act rooted in notions of Christian obligation. The ways in which this obligation was conceived and expressed was, in turn, profoundly complex. In certain settings, it was conceptualised as a particular duty to one's co-religionists. At other times, the obligation was perceived as a duty to instruct or convert the misguided, and its practical manifestations offered prime opportunities to do just that. Conversely, it could be regarded as an expression of common humanity, a 'universal' duty, whereby 'the more general it is, the more Christian.'[147] As this chapter has highlighted, these various forms jostled together at local level, enacted in specific ways dependent on the social setting.

In whichever way the obligation was conceived and expressed, religious concerns and practices were integral. Furthermore, this centrality did not wane as the period progressed. We might look in a number of other places to develop this case further, such as Christ's Hospital in Bedale, Yorkshire. The hospital was founded in 1608 by John Clapham, a Protestant clerk. The founder stipulated that residents 'are to be those out of the said parish of Bedall, widdowers or bachelors, neare about the age of Threescore yeares…of honest conversation…chosen by the parson and fower and twenty of the said parish of Bedall.' 'Ordinances made by the founder' further instructed 'that the persons therein admitted and hereafter to be admitted should be called for ever if God be pleased the Master and Bretheren of Christs Hospital.' They shall be 'Conformable to the laws now established' and 'Shall every working day Morning and evening read distinctly the two Prayers appointed by the Founder for that purpose in the Chapel, the Brethren kneeling reverently.' Clapham also requested 'That these ordinances be openly read in…the parish church of Bedale by the said Master of Christs Hospital…and his successors for ever.' A booklet compiled by parish officials in 1788 sheds light on how these requests fared over time. The volume began, 'It is desired that this Booke may be read over, once or twice every yeare…to the end the ffower and twenty [parishioners], the Churchwardens and Overseers for the poore, may understand…that the poore may have theire moneys, accordingly as they were given them, and set downe in this book.' One of the items 'set downe' was a 'Copy of the Ordinances made by the Founder of Christ's Hospital, 1608'.[148]

---

[147] Glanvill, *Catholick Charity*, 5-6.
[148] NYCRO, MS PR/BED 7/3/4.

Ackworth Foundling Hospital in York, established in 1746, provides a further example. A list of the 'Committee for Managing and Transacting the Affairs of the Hospital' from 1770 named seven reverends and three physicians. The committee was extended in 1772, though it does not appear that medical men progressively took control. As the revised list specified, now twelve reverends and three physicians assumed the management of the institution. Moreover, all members were further instructed to proceed 'from motives truly Christian'.[149] We might also reflect upon the social values of medical practitioners who provided corporal alms. A series of eighteenth-century surgeons' nominations from the Diocese of York is revealing. In 1718 the surgeon John Haighton was nominated for a medical license by the vicar of Mitton, the vicar of Chippin and the curate of Whitewell. The nomination stated, 'Mr John Haighton…by his Experimente in Phlebotomy and other Essays in Chirurgery hath (by Gods blessing) been very successful in all his undertaking in that kind to the Reliefe and Benefit of serverall poor suffering Patients, and is therefore desirous to be licensed practitioner in Chirurgery.' It continued, 'We whose names are subscribed being willing…to promote his laudable undertaking and (hitherto) successful Performances, Do most humbly desire (upon good and mature deliberacon and his application to us)…to grant him a lycense.'[150] Similarly, in 1726, the surgeon Henry Crowson of Newark-on-Trent was nominated by two of his local vicars. They confirmed that the practitioner was 'a person of good morale life and conversation agreeable and conformable to the Church of England' and that he 'hath administered Physick Publickly to the greate benefit and satisfaction of a great number of Persons Afflicted with Sickness which this deponent hath done more out of Charity to the Poor Afflicted Persons than out of any benefit or Advantage to himself.'[151]

This focus on Christian charity persisted as the period advanced. In 1727 Robert Blacktin, a surgeon based in Sheffield, was nominated by his local vicar and two churchwardens. The nomination confirmed Blacktin had 'lived in good repute and credit amongst his neighbours and has…now for the space of Eight years last past Practised Surgery and hath Cured sevrall Persons after they had been given up as Incurable.' Among these were several of the sick poor, including 'one Jane Spencer of Carlton…who had many Running Sores upon her, was at the Charge of the Parish Boarded abroad for a cure and at Several places and under the hands of able experienced surgeons…left of as incurable.' Blacktin confirmed that the patient 'at the last…by applying to me was thro the assistance of God perfectly cured.' The nomination also listed 'Severall Cures done in this year…for Charity' including the relief of 'Thomas Watson, Joshua Stooke, Jonah Woodhous, a son of George Evreys…a daughter of Martha Masons – a sore burn of her hand and severall other

[149] BI, MS BP.Sch1.
[150] BI, MS Nom.Sur 1718/1.
[151] Ibid, 1726/1.

poor neighbours.'[152] Still concerned with religious duties, in 1786 the 'surgeon and apothecary' James Lord of Halifax was nominated by two licensed medical practitioners. They duly provided 'a Testimonial of his moral Conduct and Character, as well as his skill and knowledge in the art of Surgery.' As they verified, 'we whose names are hereunder written, testify, that the above named James Lord hath been personally known to us for several Years last past, [and] hath lived piously, soberly, and honestly.' So it seems, for medical practitioners, and for the communities they served, the significance of Christian conduct was enduring.

[152] Ibid, 1727/2.

Chapter Five

Medicine as a Conduit of Religious Identity

This chapter explores how medicine, broadly defined, was a practice through which religious sentiments and convictions could be readily expressed. More specifically, I want to examine how this process operated when a sense of confessional differences became heightened at local level, for example, during periods of religio-political crisis, or within restricted settings such as prisons. Within these contexts, did responses to sickness change? Did medical practices acquire a heighted religious dimension, or become more confessionally aligned? And how did contemporaries manage their various religious, medical, and political commitments? To assess these issues I focus on three specific themes: medicine as a form of ministry, practitioners as proselytizers, and what contemporaries termed conduct 'under pretence of physic', by which they meant individuals who, through their work as healers, were able to carry out subversive or illicit practices.

To date, these themes remain underexplored since existing work about the impact of religious and political change on areas of medicine focuses largely on the Royal College of Physicians, universities, and hospitals.[1] Harold Cook's work on the Royal College has examined its structure, and the personal beliefs of its members, concluding that the institution remained a conservative force in medicine throughout the sixteenth and seventeenth centuries, associated first with Catholic humanism, and then with priestly Anglicanism. He also highlights isolated cases of tension, for example, noting that the College's reputation for religious conservatism brought it suspicious official inquiries during the Popish Plot scares of the late 1670s.[2] Conversely, Margaret Pelling has argued that the College was not a uniform body, and that some of the most formidable challenges to its worldview were sounded from within, in response to the rapidly changing climate in politics and religion. She also reminds us that because of the College's dependence on the crown, and the contribution of some of its Fellows to the 'Scientific Revolution', it has been a particular focus of the long-standing debate about interconnections between reformed religion, natural philosophy and revolutionary politics.[3] Adding to the discussion, William Birken has argued that the College became a source of support for dissenting practitioners

---

[1] See, for example, Harold Cook, "Institutional Structures and Personal Belief in the London College of Physicians," in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 1996), 91-115; William Birken, "The Dissenting Tradition of English Medicine in the Seventeenth and Eighteenth Centuries," *MH* 39 (1995): 197-218; Vivian Nutton, "Wittenberg Anatomy," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 11-32; Craig Rose, "Politics and the Royal London Hospitals," in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), 123-49.

[2] Cook, "Institutional," 91-115; also see idem, *The Decline of the Old Medical Regime in Stuart London* (New York: Cornell University Press, 1986).

[3] Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners 1550-1640* (Oxford: Clarendon Press, 2003), 1-4.

following the upheavals of the civil war and Restoration. He highlights the fact that presidents of the College included a number of Presbyterian physicians, such as John Clarke, who assumed the role between 1645 and 1650, and John Micklethwaite, who was acting president between 1676 and 1681. Moreover, between 1649 and 1683 the institution extended its licences, extra-licences, candidacies and honourary fellowships to eighteen dissenting ministers, twelve of which were issued between 1661 and 1667, 'when the plight of the ejected was at its worst.'[4] Research on hospitals adopts a similar approach. For example, Craig Rose's study of St Thomas's Hospital in Restoration London asserts that it became bound up in political strife as Tories and Whigs competed to obtain dominant positions in the institution.[5] Regarding universities, similar correspondences have been tracked. For example, historians have looked at the structure of Wittenberg University during the emergence of 'Protestant radicalism' in the 1520s. This work suggests that institutional members, in particular Luther and Melanchthon, adopted a new interest in anatomy that was 'determined by the particular importance for Protestants of the relationship between body and soul in revealing the workings of God.'[6]

Whilst this work has opened up important enquiries into the relationship between medicine and its broader historical context, accounts tend to be narrowly focused and overly determined. The concentration on academic institutions has overshadowed other important areas, in particular, medical practices within local communities. Furthermore, charting links between confessional outlooks and medical theories has resulted in schematic narratives, as seen in purported correlations between religious, medical and political views.[7] Research that attempts to correlate religious outlooks and healing practices also risks overshadowing the complexities of medical choice. For example, Peter Elmer's forthcoming study on the politics of early modern medicine, which looks at the Royal College, posits a shift in the character of the institution, from a religiously diverse body during the pre-civil war period, which paid little attention to individual members' confessional affiliations, to a stronghold of whiggism and dissent by the early 1680s. He duly argues that the medical profession became increasingly politicised during the late 1670s and early 1680s. Thereafter, he contends that politics shaped the lives of practitioners for decades to come in the so-called age of party, and accordingly, medicine and healing fell prey to religious and political partisanship. This leads him to the conclusion that prior to the civil war religious affiliation was largely immaterial, but with the onset of the conflict, and the accompanying religious fragmentation

[4] Birken, "Dissenting," 197-218.
[5] Rose, "Politics," 123-49.
[6] Ole Peter Grell and Andrew Cunningham, "Introduction," in *Medicine*, ed. idem, 5; also see Nutton, "Wittenberg," 11-32; Sachiko Kusukawa, "Aspectio Divinorum Operum: Melanchthon and Astrology for Lutheran Medics," in *Medicine*, ed. Grell and Cunningham, 33-56.
[7] See footnotes 3 and 6. Also see Charles Webster, *The Great Instauration: Science, Medicine and Reform 1626-1660*, *Second Edition* (Bern: Peter Lang AG, 2002).

that characterised the years after 1640, patients and practitioners gravitated toward their fellow co-religionists in seeking or proffering medical advice and support.[8]

Such models of periodisation need to be qualified. First and foremost, concerns about confessional affiliation were being expressed from the sixteenth century onwards. As I have previously highlighted, in 1581 the Church of England clergyman Richard Greenham advised sickly parishioners not to consult Catholic healers, asking them 'whether ther bee not some faithful and experienced man', whether 'asking the counsel of a papist may not bee deferred', and whether the patient 'have wisdom and strength to suffer such an one to minister unto him.'[9] Furthermore, during the 1580s and 1590s the physician John Halsey, a Catholic practitioner based in Worcester, experienced tense relations with the authorities. The Bishop of Worcester wrote to Lord Burghley noting 'John Hallsie of the city of Wigorn, physition, hath absented himself from church not fully ii years…He standeth excommunicated for his obstinancy in religion. Is also a great seducer of others and under the pretense of physick hath done very great harme.' Halsey was eventually committed to prison in 1592.[10]

By the same token, claims that people succumbed to confessional and political partisanship after the 1640s, and that this partisanship determined relations in the sphere of healing, fall wide of the mark. As already discussed, in 1641 the Catholic physician Thomas Cademan acted as healer and deathbed attendant to the committed Anglican Francis Russell.[11] The Yorkshire physician, and Anglican, Henry Power, treated patients from across the confessional spectrum during the late seventeenth century, including the Catholic Danby family, and the Presbyterian Hutton family.[12] Likewise, the Catholic landowner Nicholas Blundell, based in Little Crosby, regularly consulted a Baptist physician, Dr Fabius, to treat himself, his family, and resident missionaries during the late seventeenth and eighteenth centuries.[13] Blundell also provided Protestant neighbours, and the local Anglican pastor, with medical advice and homemade treatments.[14] Practising medicine also became a useful means of negotiating one's faith. As the Presbyterian minister Richard Baxter noted in his *English Nonconformity*, 1689, 'If any Minister will but leave Preaching the Gospel of Christ, and

---

[8] Peter Elmer, "Healers and Healing in the First Age of Party: Medicine, Politics and Dissent," this chapter will eventually appear in a monograph titled *Medicine, Religion and the Politics of Healing in Early Modern England*, current pagination 584-654, 587-8.
[9] Kenneth L. Parker and Eric J. Carlson, *"Practical Divinity": The Works and Life of Revd Richard Greenham* (Aldershot: Ashgate, 1998), 134-5.
[10] C.D. Gilbert, "John Hasley, Recusant Physician," *MCH* 3 (1994): 4-8.
[11] Thomas Cademan, *The Earle of Bedfords Passage to the Highest Court of Parliament…Observed by his Lordships Physitian Doctor Cademan* (1641).
[12] BL, MS Sloane 1351, 4r-5v, 31r.
[13] Frank Tyrer and J.J. Bagley, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume I 1702-1711* (Manchester: RSLC, 1968), 51, 52, 59, 62, 64, 124.
[14] Idem, eds., *The Great Diurnal of Nicholas Blundell of Little Crosby Volume II 1712-1719* (Manchester: RSLC, 1970), 100.

turn Physician, he may be quiet; tho' he be of the same judgement that he was before.' Baxter added, 'There are now in this City ejected Ministers who have forsaken their Function, and are Doctors of Physick, and they live in great wealth and acceptance.'[15]

At the same time, it is important to recognise that cross-confessional interactions were not always straightforward. As Baxter conceded in the same publication: 'There are some Nonconforming Ministers, that tho' they are Doctors of Physick, yet dare not cease their Minister, but practice both: These are welcomed to the Sick, but the Healthful banish them or hunt them away.' He continued, 'Some ejected Ministers Educate their Sons to Physick, and tho' they be of their Fathers mind, the Sons are highly esteemed and honoured, and the Aged Fathers laid in Jayl.' He offered readers a particular example:

> This week old Dr Grew that is about 80 or 79 years of Age, and almost Blind...was sent to a common Jayl at Coventry for dwelling there and sometimes exhalting his old hearers to fear God…and he hath here a Son, and a Son-in-Law, Doctors of Physick, deservedly honoured, who if they did but Preach the Gospel might speed as ill as he.[16]

Baxter was referring to Obadiah Grew, ejected clergyman and nonconformist minister, who was imprisoned during the Tory reaction of the early 1680s.[17]

The latter example highlights the point that social relations were not fundamentally harmonious, conflictive or repressive, but a mixture of all of these at the same time, changing in response to specific local circumstances, and the broader political and ideological atmosphere.[18] It is important to note that this atmosphere fluctuated, causing concerns about religious heterodoxy, and a sense of confessional distinctions, to flare up at specific moments: the Armada of 1588, the Gunpowder Plot of 1605, the Spanish match of the 1620s, the rise of Laudianism in the 1630s, the civil war and Interregnum, the onset of the 'Clarendon Code' following the Restoration, the Popish Plot and Exclusion Crisis 1678-81, the 'glorious revolution' of 1688, the Jacobite Rising of 1715, alongside other more locally felt anxieties. Intolerance towards confessional rivals became heightened at such critical junctions, when the safety of communities, or of the country at large, was thought to be in jeopardy.[19] A sense of one's religious affiliations could therefore come in and out of focus depending on the specific historical context. At times of relative calm, practising

---

[15] Richard Baxter, *The English Nonconformity as under King Charles II and King James II Truly Stated* (1689), 184.
[16] Ibid, 184.
[17] Ann Hughes, "Obadiah Grew," ODNB, http://www.oxforddnb.com/view/article/11522.
[18] Alexandra Walsham, *Charitable Hatred: Tolerance and Intolerance in England 1500-1700* (Manchester: Manchester University Press, 2006), 13.
[19] Ibid*,* 228-99.

openly as a nonconformist carried fewer risks, but when the persecutory tendencies of individuals or the authorities became heightened, many lapsed back into less bold modes of dissent.[20] Conversely, others chose to assert their faith more explicitly. Religious identities were therefore not constant, but fluid. Moreover, people experienced and expressed these identities in highly specific ways. Whilst some remained steadfast in their chosen faith, others engaged in multiple conversions. It is also clear that some people were more accepting of cross-confessional sociability than others.[21] In the light of these complexities, accounts that track a direct march towards confessional separation, and assert that religious affiliations *determined* social relationships, need to be reassessed.

Regarding social relations in the sphere of healing, a far more subtle approach is required. That is, in order to examine how religious and political change impacted upon medical behaviour, we need to look beyond burgeoning categories of identity, and instead consider the ways in which those identities were expressed *in practice*. We need to acknowledge the remarkably diverse practices that a heightened sense of religious difference gave rise to, and examine the variety of relationships such practices forged. In other words, the ways in which we trace the threads that lead from and to any given medical focus or practice need to be examined with the utmost care and precision. Such an approach will enable us to generate far more accurate and sensitive accounts of the past. In the process, we can grasp better the ways in which confessional convictions were experienced and expressed in relation to healing.

As this chapter highlights, in the late seventeenth and eighteenth centuries, healing practices continued to operate across the confessional divide, even during periods of heightened tension. At the same time, medical practices could also work to bolster a sense of confessional identity and solidarity. This seemingly paradoxical situation is partly rooted in the fact that tending to the sick was a profoundly religious duty entrenched in notions of Christian obligation. As such, some people may have felt bound by the Christian duty of charity to continue treating those who espoused rival beliefs. Interconfessional encounters were also rooted in the close social relationships that continued to operate between individuals of opposing faiths. Cross-confessional encounters could therefore constitute far more than what some historians have termed 'pragmatic transactions'.[22] Focusing on the 'pragmatic', or 'practical', arrangements that outweighed religious divisions at local level, scholars often characterise interconfessional relations as necessary, reluctant, even

---

[20] Ibid, 188-9.
[21] See, for example, C. Scott Dixon, Dagmar Freist and Mark Greengrass, eds., *Living with Religious Diversity in Early Modern Europe* (Farnham: Ashgate, 2009); Walsham, *Charitable Hatred*; idem, *Church Papists: Catholicism, Conformity and Confessional Polemic in Early Modern England* (Rochester: Boydell Press, 1993); Peter Lake and Michael Questier, eds., *Conformity and Orthodoxy in the English Church, c.1560-1660* (Woodbridge: Boydell Press, 2000).
[22] As embodied in Lewycky and Morton, eds. *Getting Along*.

begrudging.[23] Yet, alongside these practical forms, which certainly were in operation, a number of interactions appear to have been underpinned by a deep-rooted sense of Christian service, common humanity, and at times, earnest friendship.

I

Medicine as a Form of Ministry

The term ministry refers to forms of spiritual work, to practices that constitute a Christian service, or that comprise acts of religious ministration. Contemporaries often described medical provision in these terms. The physician and mathematician Robert Record described physic as a form of 'Ministery' in his treatise *Concerning Physicians, Apothecaries and Chyrurgians*, 1547.[24] The surgeon John Banister noted in his *Necessarie Treatise of Chyrurgerie*, 1575, 'so hath the minde neede of the service and ministerie of the body, which is the Tabernacle of the Soule.'[25] The physician William Bullein addressed fellow practitioners in his *Bulwarke of Defence Against all Sicknesse*, published in 1579, noting, 'Wherefore I shal exhorte thee my dere frend, seyng thou arte mynded, to enter into the worthy minstery of this worke.'[26] The physician Albertus Otto Faber stated in a publication on *Matters of Physick*, 1668, 'A Physitian is to be considered in his place, as a Minister to the life of Man, as to the health of his Body.'[27] Similarly, Richard Baxter noted in his *English Nonconformity*, 1689, 'Christ hath appointed a Ministerial office…This is the proper work of a Pastor, as it is of a Physician, to look particularly to the sick.'[28]

Contemporary descriptions of medical work are equally revealing. The practitioner John Marlow noted in his *Discourse of the Divine Institution and most Effectual Application of Medicinal Remedies*, 1673, 'it is a great piece of Religion to visit the Sick.'[29] David Irish, a practitioner of 'Physick and Surgery' based in Surrey during the late seventeenth century, noted in a *Cordial Counsel to the Sick*, 1700, 'Tho' my Practice is Physick, yet have I presum'd to Write of Holy and Spiritual things, because Religion is absolutely necessary in all…as the only means to arrive at a right management of their Parts.' He persisted, 'The Lord grant that what I have written· may be apply'd as Medicinal, to the health of my own,

---

[23] Ibid, 1-8.
[24] Robert Record, *The Urinal of Physick…Whereunto is Added an Ingenious Treatise Concerning Physicians, Apothecaries, and Chyrurgians* (1547), 135.
[25] John Banister, *A Needefull, New, and Necessarie Treatise of Chyrurgerie Briefly Comprehending the Generall and Particuler Curation of Ulcers* (1575), 'The Epistle'.
[26] William Bullein, *Bulleins Bulwarke of Defence Against all Sicknesse, Soarenesse, and Woundes that doe Dayly Assaulte Mankinde* (1579), 115.
[27] Albertus Otto Faber, *Some Kindling Sparks in Matters of Physick* (1668), 3.
[28] Baxter, *Nonconformity*, 249.
[29] John Marlow, *Phármaka Ouranóthen: Or A Discourse of the Divine Institution and most Effectual Application of Medicinal Remedies* (1673), 4.

and the Souls and Bodies of others.'[30] Regarding 'what manner of Men Physicians and Surgeons out to be' he asserted:

> They ought to excel others in fearing God…as much as Divines themselves; for truly the Divine and Physician *conveniunt in uno tertio*; they are both for Curing; the Divine heals *Corpus per Animam*; the Physician, *Animam per Corpus*. Every Divine is a Spiritual Physician, and every Physician ought to be a Spiritual Divine, tho' not by Profession, yet by Practice; for into their Hands God has put the Lives of those he lov'd so well…the glory of God, and the good of his Creatures, ought to be the Mark to which all the Endeavours of Physicians ought to be directed.[31]

Regarding his own practice he elaborated: 'for the Comfort of those that are afflicted with any Disease, and desire Help…[and] think fit to make choice of me to administer such Physick Helps…I shall be ready and willing to supply them as reasonably as can be desired, and shall give them such Heavenly Counsel as my slender Skill doe afford.' He duly encouraged patients to 'take Courage in the Consideration of God's Goodness, for He, through the Means of timely Applications of the skilful Physician, (his Instrument for the Recovery of Health) will, if it be for your Souls good, turn your Sickness and Pain into Health and Indolence.'[32]

Thinking about medicine as a form ministry invites us to reflect upon how such practices operated when a sense of religious identity became heightened. That is, in particularly tense, pressing or restricted contexts – when an awareness of confessional differences came to the fore – how might this ministry have been applied? One such context was the local gaol or prison. Imprisonment on the grounds of religious dissidence undoubtedly sharpened a sense of confessional affiliations. Sites in which large numbers of dissidents were incarcerated, in turn, generated concern amongst officials. For example, in December 1583 the Bishop of London wrote to Lord Burghley noting 'Your Lord shall understand that I have not bene unmyndfull of that Search which your Lord required to be made in the prisons about London.' Of the sites in question he reported, 'those wretched Priestes...do comenlie saye masse when in the prison, and intise the younge of London unto them, to my great griefe, and as farr as I can learne do daylie reconcyle them.'[33] In 1615 the government issued orders relating to 'Catholic priests to be sent to Wisbech Castle, from Newgate and the Clink.' They instructed that anyone attending to the prisoners must be 'well

---

[30] David Irish*, Levamen Infirmi: or, Cordial Counsel to the Sick and Diseased* (1700), The Dedicatory.
[31] Ibid, 7.
[32] Ibid, 16.
[33] BL, MS Lansdowne 87, 212.

affected in Religion'; that keepers 'shall not suffer any stranger or suspected person to enter'; that they must 'Permitt none to have any[thing] but the Scriptures' and 'for better satisfying of their consciences some learned divines may thereunto be appointed.' Moreover, 'When any of the Priests fall sicke, they shall admit such phisitions to them as by the Bishop of Elie shalbe first allowed of, with whome notwithstanding, they shall have no speache nor conference, but in the presence or hearing of the Keeper.'[34]

Despite these restrictions, prisons could become practical centres of dissident activity, as the letter to Lord Burghley highlights. Historians have recently examined this process amongst incarcerated Catholics, demonstrating that prisoners were able to administer the sacraments and spiritual counsel to co-religionists; as well as educate, catechize and convert souls.[35] What remains underexplored are the forms of medical ministry that were in operation. Acts of healing performed by prisoners – framed as covert forms of Christian service – could also work to bolster a sense of religious solidarity. The practices of the recusant physician Thomas Vavasour (d.1585) offer a case in point. Having graduated MD from Venice in 1553 Vavasour returned to England and established a medical practice for Catholics in York.[36] William Hutton, a Catholic prisoner detained at Kidcote, recounted the physician's subsequent fate in a manuscript now held at Stonyhurst College. The narrative proceeded:

> Doctor Thomas Vavasour…at his return in Queen Mary's time; after whose death, he openly professing and defending the Catholic faith, was much hated by heretics, who first framed against him a deadly excommunication, which was read openly in York Minster by one Moulton…After this the Sheriff of York, one Mr. Askwith, breaking into his house and not finding him there, spoiled the house so unmercifully. [Three years later, 1574]…my Lord President his men did invade his house, and beset it round about night and day with armed men.[37]

Vavasour was arrested by the party and taken to the prison at Hull Castle. Apart from a period of house arrest 1575-7, and a brief release on parole in 1579, he spent the rest

---

[34] TNA, SP Dom, 14/80/76-84.
[35] On this topic see Lisa McClain, "Without Church, Cathedral, or Shrine: The Search for Religious Space Among Catholics in England 1559-1625," *SCJ* 33 (2002): 386-91; idem, *Lest We Be Damned: Practical Innovation and Lived Experience among Catholics in Protestant England 1559-1642* (London: Routledge, 2004); also see Peter Lake with Michael Questier, *The Antichrist's Lewd Hat: Protestants, Papists and Players in Post-Reformation England* (New Haven: Yale University Press, 2002), 187-288.
[36] D. Palliser, 'Civic Mentality and the Environment in Tudor York,' *NH* 18 (1982): 91; Jenifer Crawford, *A Dangerous Innovator: Mary Ward 1585-1645* (Strathfield: St Paul's Publications, 2000), 16.
[37] Extracts of the MS have been transcribed in John Morris, ed., *The Troubles of Our Catholics Forefathers Related by Themselves, Volume II* (1875), 315-18.

of his life there.[38] Hutton recounted his practices whilst incarcerated: Vavasour was detained 'in the North Blockhouse, where he passed all his time in virtuous studies, in contemplation and prayer, and in ministering physic unto his fellow-prisoners.' Eventually, 'He and all his company in that house remaining alive were removed to the Castle, where they were so close and pestered with so many beds in one chamber that it was impossible for old and diseased men to continue long.' Here, the physician acted as their 'constant confessor, being diligent in dressing the sore legs of some good aged priests.'[39] 'Ministering physic' as their 'confessor' therefore operated as a form of spiritual work, a Christian service that could shore up sentiments of confessional fellowship. This was certainly the case for the recusant Christopher Watson, who was arrested in 1580 and sent to York Castle. Watson was a wealthy merchant who had regularly distributed alms to sick Catholics in Ripon. Whilst incarcerated 'he did receive wonderful comfort and joy in being with and relieving the poor Catholic prisoners…[going] from chamber to chamber to visit the sick, and to comfort and relieve those who were in any affliction.'[40]

The sick and the dying might also minister aid to co-religionists. In 1587 the recusant Margaret Webster, who fell ill whilst imprisoned in York Castle, 'at her death gave her whole portion to poor Catholic prisoners.' That same year Thomas Rudall, 'an old priest taken in Richmondshire, and committed to York Castle…falling sick, gave all he had to Catholic prisoners.' Likewise, in 1588 one 'Hercules Wellcourne' who had been imprisoned at Hull for his recusancy 'fell into a great infirmity of dropsy and gout…By will he left his money to Catholic prisoners.'[41] Unconfined dissidents practised similar forms of Christian service. Richard Vavasour, a Catholic gentleman of Askham, provided £20 for 'the succour of recusant prisoners in York Castle' in 1563. An elderly recusant Francis Metham left £60 to be distributed amongst the prisoners of York and Durham in 1596; and in 1584 William Allen reported that Catholics 'throughout England' made collections for 'prisoners for the faith in York and Hull.'[42] In 1625 Margaret Giggs, the wife of a recusant physician, frequently attended to Catholic prisoners in Essex, 'disguising herself as a poor woman, she got means to bring them meat and to cleanse them.'[43] Similarly, in 1659 the Quaker merchant William Sykes provided money for the relief of ailing co-religionists held captive

[38] Richard Rex, "Thomas Vavasour," ODNB, http://www.oxforddnb.com/view/article/53524.
[39] Morris, *Troubles*, 315-18.
[40] Ibid, 320-30.
[41] Ibid, 324-30.
[42] T.F. Knox, ed., *The Letters and Memorials of William Allen* (1882), 475.
[43] Adam Hamilton, ed., *The Chronicle of The English Augustinian Canonesses Regular of the Lateran, At St Monica's in Louvain 1548-1625 Volume 1* (1904), 25-6.

in York Castle.[44] So too did the Quakers of Skipton in Yorkshire, who at a meeting in 1660 gathered funds for Friends 'in need of their reliefe in Prison.'[45]

Paradoxically, the exigencies of sickness and its treatment could facilitate cross-confessional interactions too. Moreover, interconfessional healing also constituted a religious service, a form of ministration rooted in notions of Christian charity. Treatment received by the Jesuit John Gerard offers a case in point. Gerard, who had been operating in London and East Anglia, was arrested and sent to the Tower in 1597. Whilst incarcerated he fell ill, moving the Lieutenant of the prison, Richard Berkeley, to appeal on behalf of his wellbeing. Berkeley wrote to William Cecil stating 'Geratt…being ill and weak hath importuned me to signify his petition to be allowed to take the air on a wall near his prison. I advertise you of this, being their mouth, as they term me.' Berkeley persisted, 'The man needs physic.'[46] Demonstrating similar levels of compassion, Catholic prisoners who fell sick were often granted temporary release in order to visit healing springs during the sixteenth and seventeenth centuries, for example, at Bath, Buxton, Newnham Regis and Knaresborough.[47]

The high number of appeals that centred on prisoners' states of health also indicates a broad awareness of the sympathy that dissidents might hope to receive. An appeal submitted by the Quaker Physician, Albertus Otto Faber, is indicative. Faber, as we have seen, was a highly regarded German physician who came to England in the 1660s. A letter from Samuel Hartlib to John Worthington dated August 1661 noted 'Otto Faber, an excellent Helmontian physician, being called by his Majesty…Came over to England about half a year ago.'[48] However, Faber's relationship with the government soured quickly on account of his religious identity. The physician became associated with Quakerism, and his activities amongst conventicles resulted in his imprisonment after being seized at a Quaker meeting house in London in 1664.[49] He was held at the Counter Prison under the command of one Secretary Bennett. After spending three months incarcerated, Faber sent a letter to Bennett stating:

> I find myself in the custody of Mr. John Sompner and have already spent more than three months in prison…and not at home for all this time, I would like to draw to your attention to the humble petition that my wife will present to you. Mindful of your goodness and charity, I am asking you to have regard for us who are foreigners

---

[44] W.K. Jordan, *The Charities of Rural England 1480-1660* (London: Unwin LTD, 1961), 232, 234, 248.
[45] Norman Penney, ed., *Extracts from the State Papers Relating to Friends 1654 to 1672* (1913), 118-9, 144-5.
[46] Ibid, 253.
[47] Alexandra Walsham, *The Reformation of the Landscape: Religion, Identity and Memory in Early Modern Britain and Ireland* (Oxford: Oxford University Press, 2011), 412-14.
[48] Harriet Sampson, "Dr. Faber and his Celebrated Cordial," *Isis,* 34 (1943): 472-4.
[49] Penney, ed. *Extracts*, 215-17.

> and to support my cause especially as my health has deteriorated and I am living in straightened circumstances having not being able to practise my profession during this time which would have allowed me to support myself. I am no longer able to continue in this fashion as my wife will testify to you if you will please hear her entreaties.[50]

In a second letter Faber referred to the poor health of his wife, requesting 'that he may safely return and live quietly in the kingdom with his wife, who is a stranger sick.' Faber's appeal to their 'goodness and charity' was effective, and he was granted a release on the grounds of his wife's 'dangerous illness'.[51] Adopting a similar stance, Quakers in Yorkshire, imprisoned on account of their attendance at religious meetings, submitted a petition to officials in 1683 outlining their poor states of health, in which 'The undersigned humbly request that the King's will commiserate the distressed case of the said prisoners and extend his compassion for their relief.'[52]

Cross-confessional aid also persisted within local communities, even during periods of heightened tension. For example, a number of ejected clergymen who subsequently took up the practice of physic frequently ministered to patients of rival confessions. In Essex, Edward Warren, who was ejected from St Stephens in 1662, remained there, continued his ministry, and took up the practice of physic. In 1672 he was one of the first to take out a licence to be a Presbyterian teacher, and officiated at a number of meeting houses in Colchester. Despite Warren's reputation as an active nonconformist, his services as a healer were widely sought after, as Edmund Calamy recorded, 'he continued his Ministry, and practis'd Physick, and was exceeding Successful. He carry'd himself so affably and courteously to all that he was generally belov'd…even those that hated him on Account of his Preaching, as a Nonconformist, yet lov'd him for the sake of their Bodies.'[53] The Presbyterian minister Giles Firmin, who was ejected from the vicarage of Shalford, near Braintree, 'practis'd Physick for many Years, and yet was still a Constant and Laborious Preacher.' Moreover, 'he held on thus, in the hottest Part of King Charles's Reign, having large Meetings, when so many other Meetings were suppress'd.' Firmin was able to perform such tasks by dint of the relationships he developed through his medical practices: 'He had one considerable Advantage above his Brethren, which was the Favour and Respect which the Neighbouring Gentry and Justices of the Peace had for him, on the Account of their using

---

[50] Ibid, 218.
[51] Ibid.
[52] F.H. Blackburne Daniell, ed., *CSPD 1683* (London, 1933), 133.
[53] Calamy, *An Account,* 293; also see T.W. Davids, *Evangelical Nonconformity in the County of Essex From the Time of Wycliffe to the Restoration with Memorials of the Essex Ministers who were ejected or silenced in 1660-1662* (1836), 373-74.

him as a Physician.' Furthermore, 'there were none but he was ready to serve them; and of those whom he took care of, he was tender.'[54] Likewise, John Bulkley, who had been ejected from Fordham in Essex, took up the practice of physic. Although he was reputed to minister a 'lecture of divinity' to his patients, Bulkley maintained a highly successful and widely frequented medical practice throughout the 1660s.[55]

Nevertheless, charges were periodically raised against dissident practitioners following the Act of Uniformity. Having witnessed the upheavals of the civil war and interregnum, and eager to establish the Restoration settlement, officials were especially anxious since religious dissidents frequently operated as 'priest-practitioners'. Ejected ministers throughout Yorkshire engaged in this practice, including James Greenwood, Richard Perrot, Rowland Hancock, Josiah Holdsworth, and Richard Core.[56] In the south east, the ejected clergyman Henry Sampson (1629-1700) followed suit. The Presbyterian John Howe celebrated Sampson's practices in a treatise on *Future Blessedness*, 1705, noting: 'That Calling gives very great opportunity to Men's Souls; and, I know, it hath been improv'd by some, to discourse, and to pray with their dying Patients.' He continued, 'they did all that in them lay, for the Saving of their immortal Souls. And this I have reason to think was a great part of the Practice of this worthy Man.'[57] The Quaker physician Albertus Otto Faber appears to have engaged in a similar form of ministry, as the authorities reported in 1664, he was 'taken at a meeting of and with the Quakers in London…being a very suspected person, rather of crafty principalls and soe *a maker of Quakers*…he being a greate profest Doctor among them for phisick.'[58]

Practitioners as Proselytizers

Since medicine could operate as a form of ministry, practitioners might also work to make, or seek to make, proselytes or converts. The authorities were certainly concerned about this issue, and official action tended to flare up during periods of religio-political crisis. As we have seen, by the Act of 3 James I, cap. 5 (1605) 'to prevent and avoid the Dangers which grow by Popish Recusants' no convicted recusant could 'practice Physick, nor use or exercise the Trade or Art of Apothecary' on the forfeiture of £100 to be divided equally between the Crown and the person prosecuting the offender in court.'[59] Likewise the Justices at Hick's Hall sent a presentment to the king in 1680 'containing matters of great importance.' They

[54] Calamy, *An Account*, 295-6.
[55] Ibid, 311-12.
[56] Edmund Calamy, *An Abridgement of Mr Baxter's History of His Life and Times* (1713), 177-180; idem, *An Account of the Ministers, Lecturers, Masters and Fellows of Colleges and Schoolmasters, who were Ejected or Silenced After the Restoration in 1660* (1713), 293-6, 311-12, 784-812.
[57] John Howe, *A Discourse Relating to the Expectation of Future Blessedness* (1705), 85.
[58] Penney, ed. *Extracts* [italics my emphasis], 215.
[59] W.V. Smith, "Recusant Doctors in Northumberland and Durham, 1650-1790," *NCH* 23 (1986): 15-17.

proposed that 'provisions be made for all foreign converts from the Romish religion that come over either by reserving in every college of both universities a fellowship, or some hospital erected on purpose.' This proposal referred directly to 'physicians, chirurgeons and midwives that are or have been Papists.'[60]

At local level concerns were also expressed, likely fuelled by the perception that sick individuals were especially vulnerable targets for conversion. As Richard Baxter noted in his *Christian Directory*, 'If ever men will hear, it is when they are sick…They will hear that counsel…[which] may be blest to their conversion.'[61] Accordingly, during an outbreak of plague in 1636, the curate of St Margaret's, Westminster, sent a petition to Archbishop Laud noting, 'Two Popish priests, one called Southwell, who had long been a prisoner in the Gatehouse, but lives about Clerkenwell…take occasion to go into visited houses, for example those of William Baldwin, and William Styles.' On one occasion, 'there finding Baldwin near the point of death, [Southwell] set upon him to make him change his religion, whereunto he consented and received the sacraments of the Church of Rome.' The curate claimed that the priests were able to exercise such practices 'under pretence of distributing alms…[and] Southwell, to hide his practices fees the watchmen to affirm he comes only to give alms.'[62] Later that year, similar charges were raised against the Jesuit healer Henry Morse, who practised in London and the surrounding counties. Francis Newton, a pursuivant, accused Morse of visiting plague stricken houses in order to convert vulnerable Protestants 'in the tyme of their sicknes.' The petition stated:

> We humbly certifie that by the instigacon of one Henri Morse, Jesuite, John Souther, a prisoner in the Gatehouse, and James Smithson, a prisoner in Newgate, these persons hereunder named of the said parish, and many others as we doe vehemently suspect have beene seduced to the Romish religion [including] Mr. Hersett and the Ladie Whyte, John Nailer, Widowe Allen, [and] Cuthbert Holland.

The means by which Morse 'seduced' these individuals centred on their states of health. As the pursuivant reported, 'Theise persons their houses being this last somer visited with the sicknes were in that tyme much frequented by Morse.' He recounted a particular visit Morse made to the house of Frances Hall, 'a nurse keeper this visited tyme keeping one Richard Sears, and Mary his wife, being aged persons.' The two sufferers were said to have been

---

[60] F.H. Blackburne Daniell, ed., *CSPD 1680-1681* (London, 1921), 669-670. Margaret Pelling has also noted that whilst the coincidences are insufficient to prove that religious or political factors account for the visibility of a significant proportion of the irregulars who were pursued by the Royal College, they are suggestive. Religio-political factors should therefore be added to those accounting for both the process of selection, and the affects of confrontation. See Pelling, *Conflicts*, 328.
[61] Richard Baxter, *A Christian Directory, or, A Summ of Practical Theologie* (1673), 43-4.
[62] Henry Foley, *Records of the English Province of the Society of Jesus Volume I* (1877), 604-5.

committed members of the Church of England, yet 'in the tyme of their sicknes' were lured away from the fold. As Newton contended, 'the said nurse keeper, and one Mrs. Thompson…found Morse confessing the said Seare's wife…And likewise confessed Seares himself, who before that tyme were Protestants, but in this weaknes perverted by Morse to the Romish Church. '[63]

Interestingly, a number of Morse's patients presented testimonies to counter the pursuivant's claims. One Cuthbert Holland noted 'there being twelve persons shut up in the house…we were often relieved by the said Mr. Morse, [yet], I was ever a Roman Catholique, whereby it may appeare how much Mr. Newton hath wronged Mr. Morse.'[64] Another of Morse's patients, a widow named Cecily Crowe, asserted 'I take my oath that manie yeares before I knew him I was a Roman Catholic…True it is I sent for him to come to mee when I was visited by the sicknes and shut up, and ready to starve, I received comfort and reliefe many times.' She added, 'the parish not giving us anything because we were recusants, notwithstanding Catholiques did contribute liberally to the officers of the parish towards the reliefe of the sicke this time of infection.'[65] Although Morse does not appear to have acted as a proselytizer, the healer's practice still functioned as a conduit of religious identity. Operating at a time when anti-Catholic sentiment was rising, due to the advent of Laudian policies that many feared signalled a 'backsliding to popery',[66] the provision and receipt of medical relief worked to bolster confessional sentiments. Cecily Crowe had protested that the parish failed to provide medical aid 'because we were recusants', and another patient, Margaret Allen, noted that without receiving treatment from Morse she would have died, 'the parish not giving us anything.'[67]

These sentiments continued following Morse's imprisonment and death. He was incarcerated in London in 1637, and whilst there, assisted a number of sick prisoners. In 1645 he was executed, after which co-religionists commemorated his work as a missionary. They revered how 'with unwearied charity he assisted the sick.' Furthermore, his efficacy as a healer apparently persisted following death. So they asserted, when a young girl fell dangerously ill after his execution, a small picture Morse had been holding upon the stand was laid on her breast. Some of the deceased's blood was also boiled with wine to create a healing tonic. Following the application of the picture, and after ingesting the tonic, the patient recovered her health.[68] The use of what we might term 'confessional medicines' does not appear to have been unusual. For example, a Jesuit operating in Durham during the 1630s

---

[63] Ibid, 606.
[64] Ibid, 610-11.
[65] Ibid, 610-11.
[66] Peter Marshall, *Reformation England 1480-1642* (London: Hodder Arnold, 2003), 195-211.
[67] Foley, ed. *Records I*, 604-11.
[68] Ibid, 602-3.

provided the sick with small particles of Agnus Dei dissolved in water to drink as a medicinal cordial.[69] Moreover, the distribution of 'confessional medicines' could work as an effective proselytizing device. As we have seen, the recusant Dorothy Lawson (1580-1632), a local healer based at Heaton, treated sick neighbours across the confessional spectrum and often provided patients with saints' relics, amulets, and Agnus Dei. So her biographer claims, by dint of this work, she 'convert[ed] souls to the true faith with success so prosperous that many, above a hundred, were reconciled by her endeavours.'[70]

That said, cross-confessional healing was not always motivated by a desire to incite conversion. Rather, it could work to foster cooperative, indeed intimate, relationships between those at odds in matters of faith, even during periods of heightened tension. A letter written to Henry Morse by Darcy, a fellow missionary, offers a case in point. Darcy was reporting the impact of the civil war upon Catholics in Essex. He asserted that 'the Catholic houses were named; [including] Sir Osither, Gifford's Hall; Sir Henry Studyes; Mr. Forster; Melford Hall; Borly; Bulmer; Sir Roger Martin's; Mrs. Caryes, and others.' Once named, 'to every one of these they go; they break in violently; men fall upon men…miserably spoiling what they could not carry away.' Darcy noted that a number of poor Catholics resided in the county, including 'Goodman Wortham, Joseph Froud, Goodman Ellis, Goodman Bernard and Goodwife Wharton.' They were cared for by the Catholic Lady Petre, yet she also extended her charity across the confessional divide, being 'naturally courteous to everyone...Her house ever open to them for physic, and surgery, and alms.' Her house was raided during the 1640s, as Darcy recalled, 'she is one of the greatest ladies for birth and fortune in that county, so you may easily imagine they aimed first at her.' However, 'they were kept off by the affection which the town and the respect which the neighbours had towards her…[for] she had spent 22 years amongst them' providing relief indiscriminately to 'those who have least in the parish.'[71]

Nevertheless, the suspicion that dissidents might convert their patients persisted as the century wore on. In 1663 the ejected minister William Lucke, of Bridlington, Yorkshire, was presented at the Archbishop's Court. He was initially charged with 'not attending divine service at the Parish Church', but 'About the same time also Thomas Dale and Elizabeth his wife were presented for having their children baptized by him; Alice Hardy, the midwife, for carrying the child and being present; and Mr. Lucke for performing the ceremony.'[72] In 1677 the Anglican Sir Edmund Verney wrote to his father concerning whether the hiring of a reputable Quaker midwife to treat his pregnant wife was appropriate. His father advised, 'if

---

[69] Henry Foley, ed., *Records of the English Province of the Society of Jesus Volume VII, Part II* (1883), 1142.
[70] William Palmes, *Life of Mrs Dorothy Lawson of St. Anthony's, near New-Castle-Upon-Tyne in Northumberland* (Newcastle-Upon-Tyne, 1851), 21.
[71] Henry Foley, *Records of the English Province of the Society of Jesus Volume II* (1875), 427.
[72] Bryan Dale, *Yorkshire Puritanism and Early Nonconformity* (Bradford, 1909), 97.

you and your Wife resolve upon the Quaker for Midwife, I pray never lett her bee alone with her, for those persons are apt to instill theire ill principles into the mindes of weake persons.'[73] Similarly, in 1738 Protestant midwives of Wigan complained that a 'popish strouler' had come to the town and was persuading women 'by her fair speeches' to employ her as their midwife. So they claimed, 'some few dayes after the birth of the said children she takes them away to a papish priest And getts them baptized.'[74]

The privileged access practitioners had to their patients, and the intimate exchanges that could occur, undoubtedly created cause for concern. Indeed, healing could provide an ideal cloak for all manner of illicit activity. The practices of Sister Dorothea, a member of the Catholic Institute of the Blessed Virgin Mary, provide an example. During the 1620s Dorothea had regularly provided charitable relief to sick parishioners of Hintlesham in Suffolk. This practice duly functioned as a means by which to extend the Catholic ministry, particularly through conversions. In March 1622 Dorothea recalled 'I had at once three in great distress…poor people so long desirous to be reconciled.' She sent for Mr Palmer, a Benedictine, who 'had compassion on them and willed me to bring one of them into a by-field, and there he reconciled her.' She continued, 'This priest reconciled at this time three, and not long after, having three more to be reconciled in the same place.' Moreover, 'by my lady her means, I procured a Benedictine, a very good and zealous man, from whom the poor received much comfort, to come to the poor house where, under pretence of gathering herbs to make salves with, I had called them together some days before.'[75]

'Under Pretence of Physic'

This was a phrase often used by contemporaries. It referred to individuals who, through their work as healers, were able to carry out subversive or illicit practices, especially those of a religious or political nature. In fact, practitioners were peculiarly well positioned for involvement in covert operations. They had relative freedom to move around the country, as well as cross national boundaries. They had privileged access to patients, including those who were suspected persons or prisoners of state. They also possessed privileged knowledge and expertise that could be employed for subversive ends. Given these advantages charges were persistently raised against practitioners, especially during periods of escalating tension. For example, in 1585 the government charged Philip Howard, the Catholic Earl of Arundel, and his co-religionist Henry Percy, the Earl of Northumberland, with treason. Accused of

[73] Ann Giardina Hess, "Midwifery Practice Among the Quakers in Southern Rural England in the Late Seventeenth Century," in *The Art of Midwifery: Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993), 49-77, 65.
[74] David Harley, "Provincial Midwives in England: Lancashire and Cheshire 1660-1760," in *Midwifery*, ed. Marland, 27-39, 36.
[75] Henry James Coleridge, ed., *The Life of Mary Ward 1585-1645* (1885), 28-9.

conspiring with missionaries on the continent, including William Allen and Robert Persons, the authorities also felt it necessary to question the Earls' Catholic physician, Dr Edward Atslowe. Dr Atslowe was examined before the Lord Chancellor, and in response to questioning stated:

> That he was never made acquainted with any intelligence that passed betweene the Earl of Arundel and do: allen…He never knewe that the Earl ever had any disposition to attempt any thing for the advancement of the Catholike popishe Relligion nor was ever made aquainted with any. He knoweth not of any endes or purposes [for] altering Rilligion, or the State, nor was ever any meddler or delaer in so highe matirs, nor had any tyme in rispect of his continuall practise to intende suche causes.[76]

The Overbury Affair of 1615-1616 offers a further example. Thomas Overbury, who had been sent to the Tower for refusing to accept an ambassadorship, died whilst imprisoned in 1613. Two years later rumours emerged that he had been poisoned. It was claimed that Francis Howard had conspired to murder Overbury after he spoke out against her annulled marriage to the Earl of Essex, and her subsequent intention to marry Robert Carr. The case for prosecution was that Francis had commissioned an apothecary's boy to administer Overbury a fatally toxic enema of mercury sublimate, which caused death within twenty-four hours.[77] Charges raised against the Catholic physician George Wakeman are equally revealing. In July 1679 Wakeman was indicted for high treason at the Old Bailey, accused of conspiring to poison Charles II. In the preceding years he had enjoyed the best repute of any Catholic physician in England, serving as physician-in-ordinary to the queen consort Catherine of Braganza. However, in their perjured *Narrative* of the Popish Plot, Titus Oates and Israel Tonge alleged that an extensive conspiracy to assassinate the king was afoot, and that Wakeman had assumed a central role. They claimed that the physician had been offered £10,000 to poison the king, and declared he could easily effect this through the agency of his patient, the Catholic queen. According to the *Narrative,* Wakeman refused the task, and held out until £15,000 was offered. Following this, he supposedly attended the Jesuit consult, received a large sum of money on account; and with the promise of further reward of a post as physician-general in the army, agreed to carry out the assassination. Titus Oates acted as one of the chief witnesses for prosecution at Wakeman's trial, claiming that he had seen the paper appointing Wakeman to be physician-general, and a receipt for the money he had

---

[76] BL, MS Egerton 2074, 32r.
[77] Andrew Amos, *The Great Oyer of Poisoning* (1846); Anne Somerset, *Unnatural Murder: Poison at the Court of James I* (London: Weidenfeld and Nicolson, 1997).

received.[78] At a related trial taking place in Durham before the Justices of the Peace, a witness claimed he had overheard Jesuit conspirators say 'George Wakeman was a fit Person to Poyson the King, being the Queens Physitian and a Papist.' They also 'hoped the King would not take Physic of any Papist in regard they might be Jesuitically inclined.'[79] Wakeman was eventually acquitted, having brought evidence to prove that incriminating documents produced in the case were forgeries.[80]

A tract of 1711 concerning 'The Birth of the Pretended Prince of Wales' offers another example. Its pages cited the testimonies of several officials, who reported: 'we carefully observed and inquired after the Queen's supposed Deliverance of a Prince…that had broke its way by Violence into the World before Nature's time.' They continued:

> We expected to have heard of her great Weakness…and danger of her Life by a Fever that commonly attends such untimely Births; we inquired the Danger of her Majesty's Breasts by the usual redundancy of Milk…but we could never learn by our most diligent Inquiry that there was any appearance of these natural Effects of Child-bearing; tho a good Doctor's Skill might have easily feigned all those to the Delusion of all about her Majesty's Court.[81]

Clearly, then, the personal interests of medical practitioners mattered. If ardently supportive of a particular cause, occupational expertise and privileges could be employed in its service. The Presbyterian practitioner James Greenwood faced such accusations following the Restoration. Greenwood had been curate at Old Hutton in Kendal, but was ejected following the Act of Uniformity and subsequently took up the practice of physic. In 1663 a government informer claimed that Greenwood 'visites the dailes and about Kendall under Prestence of phisicke', apparently employed in the distribution of subversive religious material. As the informer stated, 'I am maid understand [he] is the only bringer of such stufe into these Countreys.'[82] Two years prior officials reported that Greenwood had appealed to a network of co-religionist practitioners in order arrange a conventicle, so they asserted: 'Dr Greenwood hath sent to Mr Combs the Barber, to get his party of Scholars ready that night [including] Dr Gawin and Dr Connaught.'[83] Individuals might also disguise themselves as practitioners in order to access certain advantages. For instance, when Edward Nico, a Jesuit and native of Essex, was imprisoned by pursuivants

---

[78] Thomas Seccombe, "George Wakeman," ODNB http://www.oxforddnb.com/view/article/28422.
[79] Titus Oates, *Eikon Vasilike Tetarte, or, The Picture of the Late King James* (1697), 136.
[80] Seccombe, "Wakeman".
[81] *The Pretender an Imposter* (1711), 36.
[82] A.G. Matthews, *Calamy Revised: Being a Revisions of Edmund Calamy's Account of the Ministers and other Ejected and Silenced, 1660-1662* (Oxford: Clarendon Press, 1988), 234.
[83] Calamy, *An Abridgement,* 177-80.

in the Spanish Embassy in 1666, a fellow missionary disguised himself as an apothecary in order to gain access to the prisoner. The disguised missionary, Father Hamerton, recalled 'I did not omit my ordinary visits…dressed in the habit of an apothecary's apprentice, with a glass in my hand and apron before me…I entered with much freedom.'[84]

Whilst the authorities tried to clamp down on such practices, their awareness of the relative freedoms practitioners enjoyed prompted another significant reaction: they employed a series of healers to act as government spies. Theodore de Mayerne, the French Huguenot and physician to James I, offers a case in point. Mayerne was born in Geneva in 1573, his godfather was the reformer Theodore Beza, after whom he was named. Before coming to England Mayerne had served as one of the physicians to Henry IV of France, and whilst there, witnessed the French wars of religion and the abolition of Huguenots from the royal court following his patron's death.[85] Mayerne's religious commitments, which likely occasioned his move from France, still had to be negotiated when practising medicine in England. In his professional life he treated patients across the confessional divide, and French and Spanish ambassadors entrusted themselves to his skill. But both his wives, his two sons-in-law, his personal confidants, the husbands whom he found for his sisters, the tutors he employed, his assistants, and his apothecaries all came from the world of international Protestantism. Most of his apothecaries were émigré French Huguenots, such as Lobel, le Myre, de Laune, le Pleurs, and Briot. So too were many of his medical assistants, including Dr Brouart, Jean Chappeau, Antoine Choquex, and Gedeon Chabray. Moreover, Huguenot visitors from France, Switzerland, and Holland regularly called upon him, bringing and seeking news.[86]

Aware of Mayerne's religious affiliations, the king employed him as a confidential agent for secret affairs between the years 1614 and 1615. In the intervals of his medical duties, and under cover of those duties, Mayerne embarked on several trips to the continent. In 1614 he was sent to Holland and instructed to track down Nicholas de Rebbe, a political controversialist who the king hoped would 'by his experimental knowledge of the science of the greatest cabinet in Europe,' be able to help reduce his enemies. In 1615 he was sent to make contact with two leading Huguenots in France named Bouillon and Rohan. The plan was to 'effect a union between them and the princes in order to wreck the Spanish marriages.' Mayerne visited the two men on the grounds of needing to administer them

---

[84] B. Foley, *Notes on Some Catholic Martyrs in the County of Essex* (Brentwood: ERS, 1963), 29.
[85] MR, "Theodore de Mayerne," http://munksroll.rcplondon.ac.uk/Biography/Details/2998; Hugh Trevor-Roper, *Europe's Physician: The Various Life of Sir Theodore De Mayerne* (New Haven and London: Yale University Press, 2006), 162.
[86] Patrick Wallis, "Competition and Cooperation in the Early Modern Medical Economy," in *Medicine*, ed. Jenner and Wallis, 47-61; Trevor-Roper, *Europe's Physician,* 191.

physic. During these visits he procured the men's trust, and both relayed politically sensitive material to the physician. On his return, Mayerne carried a letter from Rohan to the king, which read:

> Your Majesty will learn from M. de Mayerne the state of our court…He is a man whom you and I both trust…he will tell you our affairs…I seek nothing but to advance the glory of God…I have opened my heart to M. de Mayerne. I beg you most humbly that I may have your views and promises on the important matters which he will communicate to you from me.[87]

A series of papers penned by Jesuit missionaries, now held in the Archives of the Vatican, indicate that news of Mayerne's conduct must have spread. Titled *News from England*, and dated 1623, the papers noted:

> A certain Mayron, the physician of the King of England, but a Frenchman by birth, was found a little while ago in France stirring up the Huguenots to revolt, and was ordered by the Council of the Christian King, under pain of death, to quit the kingdom, and never to return again. The Christian King wrote to the King of England, to know if his Majesty had given such commission to the said physician. The King of England said No. But he was much displeased that his medical attendant had been treated in such fashion.[88]

Christopher Newkirk, a Protestant surgeon hired by the government to infiltrate Catholic networks in Yorkshire, 1614-1616, provides a comparable example. Newkirk, of Polish origin, had been practising surgery in England from the early seventeenth century. The circumstances in which he came to England, and the precise means by which he became known to the authorities, do not survive in the historical record. What does survive, is a series of letters written between Newkirk and the officials who employed him as a spy: the Bishop of Durham and the Archbishop of Canterbury. The letters document the duties Newkirk was asked to carry out whilst working as a secret agent; the practices by which these duties were effected; and the advantages his standing as a foreign medical practitioner brought to bear on such tasks. The plan was to present Newkirk as a Catholic surgeon, and under this guise, advance his incorporation into a series of recusant networks. The Bishop of Durham wrote to Archbishop Abbot confirming the details: 'My Intelligencer…is furnished with the best attire

---

[87] Trevor-Roper, *Europe's Physician*, 195-201.
[88] Foley, ed. *Records I*, 615.

that I could give him…with the manuall of prayers, and the Beedes, that they should not suspect him. God speede him well, and if ever there were tyme to looke to these thinges, it is (in my opinion) now.'[89] Newkirk was instructed to use his medical skills as a tool by which to procure acquaintances, access and trust. The approach was successful, as the Bishop noted of a group of recusants his agent was targeting in Doncaster, 'it seemeth that theire desire of him is to knowe, and learne to make still powder. For his journey I have not only furnished him with house, and money, but with such testimony.'[90]

Newkirk was directed to set up a surgical practice in Gateshead, and through this work, he became known to a number of Catholics within the parish and surrounding towns. Among those he became acquainted with were the recusants Winter, Digby, Pearsie, Cleesby and Handgate. Seminary priests included William Ogle, 'Mr Rookwood', 'Mr Carter', and 'Mr Sutheran.' After establishing close relationships with these individuals, the surgeon became incorporated into their social networks, and the group engaged in a number of religious practices together. For example, on August 3, 1615, Newkirk reported that 'Mr Cleesby carried me to a widowes house on sandhill, where a woman dwelleth working daily…selling smalle comodities in her shop.' Upon arrival, they were ushered upstairs to a chamber where a Jesuit priest was residing. The room was filled with 'bookes, paternosters, [and] beedes,' and together they heard mass 'in the company of six.' Following this, the priest 'tolde me I must be a great friende that should come so farre in his trust…[and] desired my name, and countrie.' He 'bestowed an alter, 2 bookes, and a paire of black beedes on me…[and] it was determined that I should come the next daie for my confession.'[91] By engaging in religious practices such as these, the surgeon cemented his relationships with the company and progressively gained their confidence. This provided him access to the kinds of information his employers were seeking after. That summer Newkirk reported, 'I sent for Mr Cleesbie, [he came] to my lodging, where wee did drinke two potts of drinke.' He recounted the sensitive information his guest had shared with him, in particular, that 'there will be an altercacon shortlie…Those are come from Rome (said he) nyne Gostelie fathers of his holiness…Their meeting will be in Plowland in yorkeshire in a desolute place where no suspicion is, upon the hill.'[92] In August 1615 Newkirk reported that he had been invited to attend a large meeting of Catholics. Here, 'Mr Pearsie' produced a letter, 'of which there was much whispering and consulting amongst them.' Pearsie, alongside Rookwood and Handgate, insisted their surgeon be allowed to view the letter, for he is 'a true Catholike, and

[89] TNA, SP Dom, 14/81/92-93.
[90] Ibid, 14/81/80.
[91] Ibid, 14/81/86-87.
[92] Ibid, 14/81/83-84.

he is sworne unto our companie, and [we] thinke it good that he were acquainted with our matter.'

The letter discussed a future plot against the state, and confirmed that 'France and Spaine will assist…and the Emperor also, by whose meanes our revenge will be wrought…but we must begin here at home first, then the rest will followe.'[93] The plot centred around the creation of 'an engine,' but precisely what this engine was designed to do is not clear in the record. What is clear, however, is the significance of Newkirk's occupation. As a practitioner who possessed dextrous skills, knowledge about the making of powders, and experience concerning the production and use of metal instruments, he was granted further admission into this closed circle. As he informed the Bishop of Durham, 'After the letter was gone they came to me and questioned with me if I had anie skill in making of Engines…Then Mr Pearsie said, that strangers have more skill than the Englishmen have.' They also asked the surgeon whether he could produce 'a powder' for the engine, which he agreed to do. Following this, 'Mr Winter and Mr Rookwood kept together and went to a great house some 3 miles off yorke. I went to yorke promising to meete them at doncaster the 21 of August. They were to travel to Cardiganshire to see the engine…and there my powder shalbe tried also, which I shall make there.'[94] After receiving Newkirk's report, the Bishop wrote to George Abbot expressing his concerns: 'These two companions [Winter an Digby] may bee very fitt for some evill enterprise…[as] the powder they speak of do very well imply…And it seemeth that they are full of something by their earnest desire to draw the Polonian to them.'[95]

Newkirk's standing as a foreign medical practitioner certainly advanced the company's interest and trust. At an earlier meeting between himself and Cleesby, the latter recounted details about secret gatherings of seminary priests. He reported that Cleesby had initially been 'fearful' of sharing this information with him, 'yet because I am an Alien, he feareth me less.'[96] As a medical practitioner, Newkirk could also travel for many days at a time without arousing suspicion, which proved useful during the summer of 1615. He was asked to travel to Worcestershire to ferry a series of letters to Catholic associates, and so 'was moved to order his businesses, that he might be absent 14 daies, or three weeks'[97] As time progressed the company entrusted him with increasingly important assignments, many of which centred on his skills as a surgeon. In addition to producing 'a powder' for their engine, he was called upon to treat members of the company who had fallen sick. This provided Newkirk with further access to classified information, as his treatment of one Alexander

[93] Ibid, 14/81/114-116.
[94] Ibid.
[95] Ibid, 14/81/96-97.
[96] Ibid, 14/81/83-84.
[97] Ibid, 14/81/85.

Maletesto demonstrates. Maletesto, 'A Roman born', had been hired to construct the engine. In a letter to the Bishop of Durham Newkirk included a brief description of the engine's structure: '[they say] what a rare worke he hath made for our purpose,' able to go 'both in the ground and under water also.'[98] However, their plans were halted abruptly in September when Maletesto fell seriously ill. Newkirk was immediately sent for, as he reported, 'Mr Hangate…tolde me that Mr Alexander Maletesto was sick at Saxton...so I took my leave, and processed in my journey.' The surgeon found Maletesto 'sicke of the Collica passio,' and 'Concerning [his] recoverie' judged that 'he is something amended, but not able to ride on horseback.' This visit enabled the spy to relay numerous details to his employers, as he noted, 'This is likewise to testifie your honour, that the powder is not (as yet) in the Engines…[and] I perceive Mr Alexanders sickness is no small discomfort unto them.'[99] The illness persisted into October, as the surgeon recounted, 'on Sunday 22 of October I received a letter from Saxton…whereby it appeareth that the sicknesse of Alexander Maletesto doth trouble them all, since hee is more like to dye than live, whereupon with all possible speed they send for mee.' Furthermore, the company 'resolving that I shall proceed in the business [of the engine] if he miscarry, and telling mee, that speaking with Alexander I shall understand some particulars…pray mee with all speed to repaire unto them.'[100] Here, the historical record ends.

Whilst we do not know the precise outcomes of this covert project, nor what happened to Christopher Newkirk following his employment as a government spy, these letters shed light on a number of issues. First, they demonstrate that medical practitioners engaged with the realities of religious and political crisis prior to the 1640s. Accordingly, the religious identities of practitioners were certainly not immaterial before the upheavals of the mid-century. Second, the social role of a medical practitioner was notably complex, and during periods of heightened tension, when contemporaries found themselves in limited situations, this complexity became all the more significant. If we consider Newkirk's relationship with his pretended co-religionists, his role as their surgeon encompassed a range of expectations and activities. They made sure he was equipped with a variety of confessional accoutrements, and as a trusted member of their Catholic community, he was expected to engage in a variety of religious practices. More importantly, his skills as a surgeon were harnessed for the advancement of the Catholic faith, whether it be producing 'a powder' integral for the execution of a future plot, or treating sick associates who needed to keep a low profile. Finally, the letters demonstrate an awareness that the practising of medicine could yield access to highly sensitive information. This bears witness to the intimate

[98] Ibid, 14/81/114-115.
[99] Ibid, 14/81/167.
[100] Ibid, 14/88/217-218.

relationships, and profound levels of trust, upon which numerous interactions between practitioners and their patients rested.

Conclusions

This chapter has explored how medicine was a practice through which religious sentiments and convictions could be readily expressed. More specifically, it has sought to examine how this process operated when a sense of confessional differences became heightened. I believe three general conclusions can be drawn on the basis of this research. First, when attempting to explore these issues, a subtle approach, attuned to the varieties and inconsistencies of individual lives, is vital. This allows us to avoid overly determined models of politicisation, enabling a richer and more detailed analysis to come to the fore. Such an approach has highlighted that confessional affiliations were shaping medical choices and practices from the 1580s onwards. Moreover, interconfessional healing continued to take place despite the period's upheavals, and was often embedded in cordial, even compassionate, social relations. Second, periods of religio-political crisis gave rise to a multiplicity of experiences in the sphere of healing. Medical practices could work to express confessional convictions more clearly, especially since they comprised acts of religious ministration. In other instances, the exigencies of sickness, and its treatment, worked to transcend and defuse religious divisions at times of escalating tension. Consequently, depending on the precise social setting, historical context, as well as local and personal circumstances, medical practices had the potential to foster *both* confessional *and* interconfessional fellowship. Third, medicine was frequently made recourse to by individuals who found themselves in confined situations. In particular, it provided an ideal cloak for all manner of covert religious activity. Ministering proscribed forms of worship, inciting conversions, gathering conventicles, gaining access to prisoners, and infiltrating dissident networks, were all carried out 'under pretence of physic'. That physic was repeatedly invoked in the service of confessional interests bears further witness to ways in which medicine operated as a conduit of religious identity.

.

Conclusion

In a *Generall Historie of Plants*, a manual of enduring popularity, the herbalist John Gerard (1545-1612) asserted that 'God of his infinit goodnesse and bountie hath by the medium of Plants, bestowed almost all food, clothing, and medicine upon man.'[1] The surgeon John Woodall (1556-1643) described his 'Calling' in a tract on *Military and Domestique Surgery*, which went through three editions between 1617 and 1655. He declared that: 'every worthy surgeon is ordained by the Almightie to be ever ready, *ad omne quare,* upon every occasion; which who so truly observeth, shall be blessed.' He persisted, 'to this end every Artist, yea and every Christian man is ordained, and also commanded by the holy Apostle S. Paul, in these words, to doe good, and distribute…and S. Iames saith, that it is true Religion to visit [the sick]…in their adversities.' Thus, 'the Calling of Surgeons should incite them to zeale where they can.'[2] By the same token, in a *Practice of Physick*, first published in 1681, the physician Thomas Willis (1621-1675) stated that 'when I consider the animated Body, made by an Excellent and truly Divine Workmanship…nothing hinders me from saying, That it is so framed by the Law of Creation, or by the Institution of the most Great God.' Of his 'Faculties' as a practitioner he added, they are 'Talent[s] entrusted to me by God.'[3]

Descriptions of medical practice are similar in nature. Regarding the practice of 'Dismembering or Amputation' John Woodall noted, '[it] is the most lamentable part of Chirurgery…If you be constrained to use your Saw, let first your Patient be well informed of the eminent danger of death by the use thereof; prescribe no certaintie of life; and let the work be done with his own free will, and request.' In addition, 'Let him prepare his soul as a ready sacrifice to the Lord by earnest prayers, craving mercy and help unfainedly: and forget thou not also thy dutie in that kinde, to crave mercy and help from the Almightie…For it is no small presumption to Dismember the Image of God.'[4] Concerning the treatment of those suffering from the smallpox Thomas Willis noted, 'Dyet is somewhat to be changed, and especially those things which have a poyson resisting force…are to be boyld in the Broths of the sick; also Powders, Juleps, and Opiats, indued with such like virtue, are convenient to be administred.' He added, 'but the quiet, both of mind and Body, is to be procured, as much as may be, and a Dyet to be ordered of those things, that move not the Blood, and the business almost wholly to be committed to God and Nature.'[5] A Postscript was added to Willis's publication lamenting that 'while these were printing…the Author…is departed from among

---

[1] John Gerard, *The Herball or General Historie of Plants* (1633), 'To the Reader'.
[2] John Woodall, *The Surgeons Mate or Military and Domestique Surgery* (1655), 329.
[3] Thomas Willis, *Dr. Willis's Practice of Physick being the Whole Works of that Renowned and Famous Physician* (1684), 33, 320. This text was first published in 1681, and comprises a translation of works published in Latin by the physician.
[4] Woodall, *Surgeons Mate*, 158.
[5] Willis, *Practice*, 135.

the living.' Of his work as a practitioner it noted, 'yea he will rejoyce to understand that he was equally Good as Learned, that he also exercised himself in the Practice of Piety, who was most conversant in that in Physick.'[6]

These extracts resonate with the three central arguments this thesis puts forward. First, religious beliefs and practices formed an integral part of medical work in early modern England. That religion continued to inform the management of health and the treatment of sickness was rooted in contemporary conceptions of the body, illness, and medicines. Remedies were considered to be divinely inspired. Maintaining one's health and tending to the sick body were perceived as religious duties. Since God had created man after his own image, attending to the Creator's handiwork constituted a religious, as well as a medical act. Moreover, the prognosis of an illness – from onset and treatment to recovery or death – was conceptualised within a providential framework. Such concepts underpinned Woodall's conviction that practitioners must 'crave mercy and help from the Almightie', and Willis's instruction that 'business [was] almost wholly to be committed to God' around the sickbed. The foregoing chapters have demonstrated that, in practice, such advice was persistently adhered to.

Second, we need to think more carefully about the language we use to talk about practices that were related in such extraordinarily subtle ways in the past. Regarding religious and medical practices, recourse to languages of 'overlap', 'ambiguity' or 'interaction' between two 'spheres' is problematic. This is because, during the period under discussion, religious beliefs and practices did not simply coexist alongside medicine, or provide alternatives to medicine, but rather, operated at its very heart. Given these intricacies, adopting phrases like 'religion *in*, or *as*, medicine', and vice versa, would provide more useful frames of reference. Employing the more expansive term 'healing' is equally helpful, since it constitutes something central to medical practice, as well as something deeply rooted in religious tradition. Such phrases better reflect the acts of 'double care' contemporaries performed; the conviction that 'Religion…is not a Name or Notion: but…a frame of Nature and habit of Living';[7] that medical students 'are disposed to be Religious…because they are continually studying and contemplating the Works of God';[8] and that 'every Physician ought to be a Spiritual Divine…by Practice.'[9] Indeed, whilst contemporaries discussed 'the Practice of Piety…*in* Physick',[10] I have yet to find a historical actor employing the phrase 'religion *and* medicine'. This clearly disrupts existing accounts

---

[6] Ibid, 321.
[7] John Dunton, *Dunton's Remains, or, The Dying Pastour's Last Legacy to his Friends and Parishioners* (1684), 52-4.
[8] John Edwards, *A Demonstration of the Existence and Providence of God* (1696), 149.
[9] David Irish, *Levamen Infirmi: or, Cordial Counsel to the Sick and Diseased* (1700), 35.
[10] Willis, *Practice*, [italics my emphasis], 321.

that frame 'religion' and 'medicine' as distinct, oppositional domains of experience and conduct.

Third, since healers attended to the souls of their patients, religious convictions and confessional affinities were significant. This thesis has worked to unravel some of the complex channels through which confessional identity was experienced and expressed in relation to healing. In particular, it has demonstrated that religious identity was shaping medical choices and practices throughout the period, though in multivalent, often contradictory, ways. In a number of cases, medical practices were employed to bolster a sense of confessional identity and fellowship. At the same time, healing continued to operate across the confessional divide, even during periods of religio-political crisis. This paradoxical blend may partly be rooted in the fact that healing was conceptualised as a form of Christian charity best applied in its universal form. As such, some people may have felt bound by the tenets of Christian duty to continue treating those who espoused rival beliefs. That said, in a number of instances, cross-confessional healing was prompted by commitments beyond that of religious obligation. As this study has shown, such encounters were often embedded in the close relationships, indeed intimate friendships, which operated between individuals of opposing faiths. Surely, then, it is possible to argue that religious interests did not *determine* people's medical practices, but rather shaped the texture of these practices depending on the precise historical context, social setting and personalities involved.

These findings help to enhance our understanding of the social history of religious coexistence and toleration. Over the last decade growing attention has been paid to the nature of interconfessional sociability at grass roots level. Employing phrases such as 'cooperative confessionalism', 'the ecumenity of everyday life', and 'getting along', scholars have highlighted how forms of social pragmatism outweighed confessional divisions and mitigated the upheavals of the period. This work has highlighted that religious toleration was not just an issue for Enlightenment thinkers, but also for the laity living in religiously mixed communities.[11] In addition it has demonstrated that early modern 'toleration' was an

[11]Gregory Hanlon, *Confession and Community in Seventeenth-Century France: Catholic and Protestant Coexistence in Aquitaine* (Philadelphia: University of Philadelphia Press, 1993); W. J. Sheils, "Catholics and their Neighbours in a Rural Community: Egton Chapelry 1590-1780," *Northern History* 34 (1998): 109-30; Marie B. Rowlands, ed., *Catholics of the Parish and Town 1558-1778* (Hampshire: Hobbs, 1999); Keith Luria, "Separated by Death? Burials, Cemeteries, and Confessional Boundaries in Seventeenth-Century France," *French Historical Studies* 24 (2001): 185-222; idem, *Sacred Boundaries: Religious Coexistence and Conflict in Early-Modern France* (Washington D.C: The Catholic University of America Press, 2005); Willem Frijhoff, *Embodied Belief: Ten Essays on Religious Culture in Dutch History* (Hilversum: Uitgeverij Verloren, 2002); Alexandra Walsham, *Charitable Hatred: Tolerance and Intolerance in England, 1500-1700* (Manchester: Manchester University Press, 2006); Francisca Loetz, "Bridging the Gap: Confessionalization in Switzerland," in *The Republican Alternative: The Netherlands and Switzerland Compared*, ed. Andre Holenstein, Thomas Maissen and Maarten Prak (Amsterdam: Amsterdam University press, 2008), 75-98; C. Scott Dixon, Dagmar Freist and Mark Greengrass, eds., *Living with Religious Diversity in Early Modern Europe* (Farnham: Ashgate, 2009); Benjamin Kaplan, *Religious Conflict and the Practice of Toleration in Early Modern Europe* (London: Belknap,

ambivalent phenomenon symbiotically linked to persecution, since it meant putting up with something objectionable.[12] It was not an imperative to love, but rather, an act of forbearance that could be withdrawn without warning. In this context, the sentiments underpinning 'cooperative confessionalism' could be reluctant, begrudging, and could incite a degree of moral discomfort about fraternising with those who practised damnable forms of religion.[13] Moreover, greater tendencies towards religious separation are evident by the later seventeenth century, especially with regards to marriage partners, godparents and business associates.[14]

Examining sickness and healing both enriches and complicates this impression of religious coexistence. Most notably, in the sphere of healing trends towards separation are less apparent, and the nature of cross-confessional interactions was often intimate rather than grudging. This encourages us to reflect on the ways in which people thought about forms of interdenominational sociability. Regarding attendance upon the sick, the charitable imperative to heal certainly stands out in the primary literature. Being in 'perfect charity' with the sick, regardless of their denomination, was revered in instructional guides, funeral sermons and lives. Upholding this Christian duty could also elicit favour from the Almighty, as the Protestant physician John Collop noted in 1667, 'I can joyn prayers with a Papist, if his be offensive to God, mine may bee pleasing' thus 'from those whom I am divided in opinion, I will not prove a Separatist in my charity.'[15] Moreover, unlike early modern toleration, early modern healing *was* declared to be founded on the imperative to love, which the clergyman Joseph Glanvill stated 'ought to extend to all men universally'.[16]

Such concepts may have encouraged the provision of treatment across the religious divide, as well as enabled people to interact with confessional 'rivals' whilst maintaining their spiritual integrity. Of course, individuals interacted with each other out of both necessity and choice in everyday life. We need to concede that commercial imperatives could likewise have motivated cross-confessional practice, since healers could not have afforded to alienate potential customers. Furthermore, when seeking help *in extremis* patients

---

2007); Benjamin Kaplan et al., eds., *Catholic Communities in Protestant States: Britain and the Netherlands c.1570-1720* (Manchester: Manchester University Press, 2009); Nadine Lewycky and Adam Morton, eds., *Getting Along? Religious Identities and Confessional Relations in Early Modern England* (Farnham: Ashgate, 2012).

[12] Indeed, persecution itself was conceived as a form of "charitable hatred". This proceeded from the Augustinian assumption that persecuting religious deviance was a moral duty, an act of compassionate kindness, because allowing people to persist in heterodox opinions effectively condemned them to the eternal torment of hell. See Walsham, *Charitable Hatred.*

[13] Kaplan, *Divided*, esp. 336-7; Lewycky and Morton, eds. *Getting Along*, 1-8; Alexandra Walsham, "Cultures of Coexistence in Early Modern England: History, Literature and Religious Toleration," *Seventeenth Century* 28 (2013): 115-37.

[14] See, for example, Lewycky and Morton, eds. *Getting Along*; Sheils, "Catholics"; Walsham, *Charitable Hatred.*

[15] John Collop, *Charity Commended, or, A Catholick Christian Soberly Instructed* (1667), 56-7, 95.

[16] Joseph Glanvill, *Catholick Charity Recommended in a Sermon…Occasion'd by Differences in Religion* (1669), 5-6. N.B. the fact that confessionally aligned aid became especially marked in almshouses presents some interesting contradictions here, see chapter 4, 144-76.

may not have been especially discriminating. Nevertheless, a number of the interdenominational relationships presented here were underpinned by a deep-rooted sense of religious obligation, and at times, earnest friendship. Therefore, the language of 'toleration' – which denotes long-suffering, condescension and disapproval – does not do justice to the character of these interactions. Vocabularies of Christian charity, neighbourly love and companionship seem more appropriate.[17]

My approach to the subject of 'religion and medicine', and the conclusions drawn, diverge from existing accounts in a number of ways. First, I have sought to develop a more complex model of how religious interests operated in relation to medicine. The existing model is correlative, that is, scholars have sought to chart links between a person's religious beliefs and medical theories.[18] Political views have also been incorporated, as embodied in the work of Charles Webster, which charts supposed interconnections between a practitioner's radical religion, natural philosophy and revolutionary politics.[19] Correlating viewpoints in this manner has generated a series of schematic accounts. Historical accounts that frame interests in terms of religious affiliation, and examine how such interests shaped medical practices, also tend to be overly determined. For example, Andrew Cunningham's work on sixteenth-century anatomists notes that 'turning to religion takes us into a domain of motivation', prompting him to chart 'the relation of particular forms of anatomizing to particular forms of religious commitment.'[20] Historians have also suggested that as confessional fragmentation sharpened during the seventeenth century, patients and practitioners progressively gravitated towards co-religionists when seeking or proffering treatment.[21]

---

[17] For a related discussion on the nature of religious coexistence see Walsham, "Cultures of Coexistence," 115-37.

[18] See, for example, John Henry, "The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England," in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989), 87-113; David Harley, "The Theology of Affliction and the Experience of Sickness in the Godly Family 1650-1714," in *Religio Medici: Religion and Medicine in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 1996), 273-92; Andrew Wear, "Puritan Perceptions of Illness in Seventeenth-Century England," in *Patients and Practitioners: Lay Perceptions of Illness in Pre-Industrial Society*, ed. Roy Porter (Cambridge: Cambridge University Press, 1985), 55-101; idem, "Religious Beliefs and Medicine in Early Modern England," in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, ed. Hilary Marland and Margaret Pelling (Rotterdam: Erasmus, 1996), 145-71; Ronald Numbers and Darrel Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (New York: Macmillan, 1986); Andrew Cunningham, *The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients* (Aldershot: Scolar, 1997), esp. 200-67; Ole Peter Grell, "Medicine and Religion in Sixteenth-Century Europe," in *The Healing Arts: Health, Disease and Society in Europe 1500-1800*, ed. Peter Elmer (Manchester: Manchester University Press, 2004), 84-105.

[19] Charles Webster, *The Great Instauration: Science, Medicine and Reform 1626-1660, Second Edition* (Bern: Peter Lang AG, 2002).

[20] Cunningham, *Anatomical*, 200-67.

[21] Peter Elmer, "Medicine, Witchcraft and the Politics of Healing in Late Seventeenth-Century England," in *Medicine and Religion in Enlightenment Europe*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 2007), 223-42; Jonathan Barry, "Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol," in *Patients*, ed. Porter, 145-77, esp. 164-73.

A number of cases this thesis has presented disrupt such neat accounts. I therefore contend that the ways in which we trace the threads that lead from and to any given medical practice need to be examined with the utmost care. In particular, we need to examine beliefs and practices *in conjunction,* thereby paying greater attention to the ways in which interests were actually experienced and expressed. We also need to acknowledge that individuals had numerous interests, some of which might have been at odds with each other, so the degree to which people expressed their interests – be they hidden, negotiated or asserted – was dependent on the specific social setting, broader historical context, as well as personal character and circumstances. With regards to religious interests this is especially pertinent, since contemporaries experienced and expressed their confessional identity in highly specific ways. Multiple conversions were not unusual, and many fluctuated between positions of dissidence and conformity depending on the precise social and historical context. We also need to bear in mind that some individuals were more accepting of cross-confessional sociability than others.[22] Such complexities demand that we attend to the varieties and inconsistencies of contemporary experiences. By doing so, we can grasp better the ways in which people managed, often with extraordinary subtlety, their various emotional, religious and social commitments in everyday life.

Second, my focus on everyday conduct marks a shift in approach, since the majority of existing work about 'religion and medicine' operates in the field of intellectual history. As I have just outlined, this work largely focuses on the ways in which theological ideas shaped medical theories. Consequently, *practices* within everyday settings – such as the parish community, the local almshouse, the household, and the bedchamber – have been overlooked. This study has worked to address such oversights, and in the process, provide a vehicle for questioning the implicit theoretical models that underpin a number of existing narratives. In particular, I have challenged the assumptions that religion and medicine can be categorised as two distinct spheres of activity; and that medical responses to illness gradually replaced those of religion over the course of the period.[23] These challenges signal the third departure from existing accounts. They also encourage us to revise our existing model of

---

[22] See, for example, Alexandra Walsham, *Church Papists: Catholicism, Conformity and Confessional Polemic in Early Modern England* (Rochester: Boydell Press, 1993); Peter Lake and Michael Questier, eds., *Conformity and Orthodoxy in the English Church, c.1560-1660* (Woodbridge: Boydell Press, 2000).

[23] As embodied in Roy Porter and Andrew Wear, eds., *Problems and Methods in the History of Medicine* (London: Croom Helm, 1987); French and Wear, eds. *Medical Revolution*; Michael MacDonald, "The Medicalization of Suicide in England: Laymen, Physicians and Cultural Change, 1500-1870," *Milbank Quarterly* 67 (1989): 69-91; Andrew Wear, ed., *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992); Charles Webster, "Paracelsus Confronts the Saints: Miracles, Healing and the Secularization of Magic," *SHM* 8 (1995): 403-21; Wear, "Religious Beliefs," 145-71; Roy Porter, "The Hour of Philip Aries," *Mortality* 4 (1999): 83-90; Edwin R. van Teijlingen et al., *Midwifery and the Medicalization of Childbirth: Comparative Perspectives* (New York: Nova Science Publishers, 2000); Ian Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge: Boydell Press, 2009); Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (Basingstoke: Palgrave Macmillan, 2011), esp. 20-41.

medicalization. As Peter Conrad has recently noted, the term 'medicalization' denotes 'the diminution of religion' alongside the increased prestige of the medical profession.[24] Regarding the latter point, historians have demonstrated that there was an increased demand for medical services during the seventeenth century.[25] As I have illustrated, in spite of this upturn, the religious basis of healing did not diminish. Therefore, we might work towards formulating a model of medicalization which recognizes the ongoing importance of religion even as the demand for professional medical services was increasing. In other words, a model of medicalization without secularization.

By investigating what happened *on the ground* I have sought to develop a more detailed, accurate and sensitive account of this subject. I have worked to reconstruct the complex histories of individuals and their communities, bringing together fragments of evidence from the widest possible range of sources. This evidence – written words left behind in both script and print – is extraordinarily rich, and has conveyed important aspects of lived experience and practice. Indeed, the act of writing is itself a significant practice that demands our attention. Examining what people decided to put down on paper sheds invaluable light on contemporary priorities and relationships. Their writings also give us a sense of how priorities were expressed and how relationships operated in specific social settings, such as the sickbed or deathbed. Exploring the texture of relations within these settings has enabled me to grasp better the subtle, multilayered procedures enacted when individuals fell sick and sought help. Reconstructing such detailed cases also provides an opportunity to think about broader questions within the historiography without extrapolating too far from the evidence. Particular questions include the nature of medical decision making, the provision of care, and the dynamics between sufferers and healers. The resulting picture is, necessarily, partial in nature. Yet, I would argue that the material it presents is both compelling and highly suggestive.

It has illustrated practices within two specific regions (though given the frequency with which people travelled both to seek and to provide medical assistance, at times my attention has extended to adjacent counties, and to the metropolis). Looking predominantly at Yorkshire and Essex has provided a sharpness of focus, allowing me to examine everyday conduct in greater depth, and reflect more precisely upon the ways in which healing was defined in personal and social terms. Comparing regional sources has also allowed me to engage with broader questions about the nature of medical practices, sickness experiences and social affinities. For example, regarding confessional relations within the sphere of healing, a striking number of correspondences can be identified within the communities of

---

[24] Peter Conrad, *The Medicalization of Society: On the Treating of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007), 8.
[25] See, for example, Mortimer, *The Dying*.

north-east and south-east England. In both regions forms of intra- and interconfessional healing took place throughout the period. Furthermore, in each case examined, religion *remained* central to medical practice. This chronological unity is worth noticing. For whilst our period witnessed a series of socio-economic, political and ideological upheavals, at the most fundamental level of living and dying, healing continued to constitute a matter of faith.

A sustained focus on the grass roots world of healing can also open up avenues for future exploration. First, research could be extended to cover much larger geographical units. Such work would facilitate comparative reflections, and yield further insights into how things were seen and experienced at specific times and places. For example, how might Catholic healers practising in the Protestant Netherlands compare with those documented here? Second, the chronological focus could be extended. With regards to religious identity, interconfessional relations, and the issue of medicalization, examining day-to-day practices in the nineteenth, twentieth and twenty-first centuries would provide valuable insights. The modern hospice movement, founded by the physician, and committed Christian, Cicely Saunders (1918-2005), seems a prime location for such study.[26] Third, a sharper focus on specific kinds of practitioner could be productive. The work of surgeons and midwives seems to be a particularly fruitful area for future inquiry. A more detailed study of specific states of health/illness – such as pregnancy, chronic or terminal sickness, mental health, epidemic diseases, or syphilis (all of which are imbued with a particular religious/moral significance) – could also be worthwhile. Whichever avenue is pursued, when thinking about these things we call 'religion' and 'medicine', we need to appreciate that such categories can often be elusive in practice. Clearly, regarding the historical phenomena encountered here, modern categorization is both inadequate and anachronistic. In early modern experience, the ideas, hopes and processes of healing were always founded on faith.

[26] Cicely Saunders, *Care of the Dying* (London: Macmillan, 1976); idem, *Selected Writings 1958-2004* (Oxford: Oxford University Press, 2006).

Bibliography

Manuscript Sources

Chelmsford, Essex Record Office

MS D/DBa/F40/2-18: The Barrington family papers, unbound, dating from 1585-1645. This collection contains a series of medical directions sent to Lady Barrington by several physicians, including Dr John Micklethwaite, Dr Swallows, Dr Fraucke, and Dr Jordan.

MS D/DP Z30/13-25: The Petre family papers, unbound, dating from 1625-1637. This collection includes information on the 'legacies bequeathed' by Lord Petre, in particular, his charitable bequests to poor Catholics and prisoners in Essex.

MS D/DRC Z15: Notes on charitable benefactions in Colchester, 1736.

MS D/DU 161/365: A small notebook compiled between 1680 and 1690 containing psalms and prayers for various occasions. The volume is unpaginated, appears to contain roughly 80 folios, the author is unknown. Subjects include contemplations of the state of man, and prayers to be said when giving alms, when on a sickbed, and when 'at ye hour of death'.

MS D/P 178/28/33: The notebook of Susanna Cock, the wife of Horatio Cock of Colchester, surgeon. The volume was compiled between 1789 and 1826, it is unpaginated, though appears to contain roughly 40 folios. Subjects include religious worship, obedience and conformity, natural theological reflections, and how one should behave 'under affliction'.

London, British Library

MS Add.
4460: Henry Sampson's (1629-1700) commonplace book, or 'Day Book', as the author termed it. The volume is octavo sized. Sampson, an ejected minister and physician based in London, compiled the book during the late seventeenth century. It contains notes on his patients, reported cases of illness and subsequent cure or death, anatomy, providential judgement, sin, baptisms, and burials.

27351-27357: The diary of Mary Rich (1624-1678) compiled between 1666 and 1672, seven volumes. Each volume is octavo sized and contains roughly 300 pages of script. Rich, a puritan based in Leighs, Essex, recorded notes on religious meditations, domestic affairs, charitable and medical practices, and broader aspects of parish life.

783111: The letters of James Thicknes, an Essex physician (I could not find any further biographical details). The papers bound in this volume were written during the mid-to-late seventeenth century. A number of Thicknes's letters were addressed to John Evelyn (1620-1706) – writer, diarist and member of the Royal Society.

MS Egerton
2074: Papers relating to the charges against [Philip Howard] Earl of Arundel and [Henry Percy] Earl of Northumberland for treason in 1585. The collection includes examinations and bonds of witnesses, interrogatories, memoranda and comparisons of evidence. Folio sized.

MS Harley
454: Sir Humphrey Mildmay's (1592-1666) diary, compiled between 1633 and 1651. The volume contains 107 folios of script. Mildmay, who acted as Essex high sheriff, recorded notes on social life, lawsuits, civil war, religion, domestic life, illness and medical treatment.

MS Sloane

176, 179a, 187, 188, 198, 203, 204, 256: The papers of Dr John Downes (1627-1694). Downes was an Anglican physician based in London, though he had familial, social and occupational connections in Essex.

176: 'A meteorological journal…with other observations' containing 87 folios of script. The volume was compiled during the late seventeenth century and includes notes on the weather, Downes's patients, personal apparitions, religious reflections, and the death of one 'Lord Maynard' in Essex (21r).

179a: A commonplace book compiled during the late seventeenth century containing over 300 folios of script. The volume includes notes on Downes's patients (names, conditions and treatments); medical recipes including those for salve water and plague water; religious reflections, prayers, and notes on the psalms; and a number of religious treatises officially titled and addressed to 'readers', which suggests they may have been intended for publication.

187: A collection of papers concerning 'observations of the county of Oxford'. This volume is folio-sized and was compiled during the 1660s. It also contains several religious treatises that, once again, appear to have been intended for publication.

188: A notebook compiled between 1680 and 1696. The volume is octavo sized and contains 38 pages of script. The Sloane catalogue describes the notebook as 'brief memoranda, extracts and observations by Dr Downes on miscellaneous subjects.' The majority of these notes refer to the treatment of patients (names, dates of consultation, conditions, prescriptions). The volume also contains notes on glandules and tinctures, and a number of religious reflections, especially concerning the psalms and Christ's passion.

198: A collection of papers comprising 78 folios. This volume is essentially a collection of religious reflections and prayers. Subjects include God's mercy, providence, sin, obedience, and salvation.

203: A collection of letters, accounts and religious meditations comprising over 300 folios. The papers were written during the late seventeenth century, and appear to have been bound into one volume at a later date. Letters include those exchanged between Downes and his family, Downes and a patient, Downes and his servant William Lowth, and Downes and several clergymen based in London and Essex. The volume also contains a list of books the physician owned.

204: The Sloane catalogue describes this notebook as 'medical prescriptions, extracts and recipes of Dr Downes'. The volume is octavo sized and contains over 100 pages of script written during the late seventeenth century. Two hands can be detected – Dr Downes's, and what appears to be the hand of his apothecary. Extracts in the latter are signed J.K and note prescriptions and the names of patients. The volume also contains Latin medical notes written by Downes and attributed to other practitioners (Dr Leigh, Dr Child, Dr Willis). Alongside these, a series of religious reflections have been written by the physician. These pertain to matters of healing, how to prepare oneself for death, and how to comfort grieving relatives. A list of scriptural extracts is also included. The papers appear to have existed as distinct sets of notes that were bound together at a later date.

256: A notebook on anatomical observations containing 265 folios. This includes information on the dissection of animals, 'a girl opened by Mr Brown' in 1683, and reflections upon the skin, hair and pores.

1290: The notebook of Christopher Love Morley (b.1645), 35 folios. Morley was a Catholic physician based in London. The notebook documents 'A sermon on ash-Wednesday preached at Rome, in the church of St Anthony of the Portugueser, 1662, by Antonio Vierio S.J. preacher to Don Pedro Prince Regent of Portugal.' Morley notes that the sermon 'proposed as an example of that modern, ingenius, learned and hitherto unimitated manner of preaching now in practice beyond the seas.'

1326, 1351-1358, 1393: The papers of Henry Power (1626-1668), Anglican physician practicing in Halifax and Wakefield.

1326: The letters of Henry Power. This volume contains 43 folios, and a note by Power on 1r titles the collection 'Coppyes of Letters sent by Hen: Power to Severall Persons of Qualitye'. Subjects include illness, miraculous abstinence, politics, and religious schism.

1351: A medical casebook compiled between 1665 and 1667. This volume is small – duodecimo – and contains over 100 pages of notes on patients. The entries are formulaic: each includes the name of the patient, their residence, the date of consultation, treatments prescribed, the cost, and record of payment. The names of assistant practitioners are noted on occasion.

1352: A notebook predominantly focused on natural theological reflections, duodecimo.

1354-1355: See description of 1351. Compiled during the 1650s.

1357-1358: The Sloane catalogue describes this notebook as 'Henry Power's Private Memoranda'. The volume is octavo sized and contains 120 pages. It includes a list of books the physician owned, 'a copy of parson Greenwood's will' (1r), notes on patients, burials, payments to ministers, and payments 'towards the new Bible' (36v).

1393: The Sloane catalogue describes this volume as 'The Papers and Letters of Henry Power'. The collection contains over 200 folios, and subjects include patients and treatments prescribed, 'Microscopicall observations', anatomical and chemical observations, and natural theological reflections.

1906: A journal kept by Edward Browne (1644-1708) in the year 1663. Browne was an Anglican physician and traveler, and son of the reputed physician Thomas Browne (1605-1682). The journal records his time in Norwich and France, and contains 189 folios. Subjects include his practices as a physician, attendance at various church services, attendance at medical lectures, collaboration with practitioners, personal illnesses, and a series of prayers.

MS Lansdowne

87: Correspondence of John Aylmer (1520-1594), Bishop of London. In particular, letters focus on the 'dangerous practices' of papists and 'popish priests'. The volume contains over 200 folios.

London, Dr Williams's Library

MS 24.7: The diary of Owen Stockton (1630-1680), nonconformist minister based in Colchester, Essex. The diary is octavo sized, contains just over 90 pages of script, and was compiled between 1665 and 1677. Stockton recorded notes on meeting houses, religious reflections, domestic affairs, illnesses, and the deaths of his children.

MS 28.4: The diary of Elias Pledger (1665-1725), a Presbyterian based in Little Baddow, Essex. The diary is octavo sized, contains 172 pages of script, and was compiled between 1676 and 1708. Pledger recorded notes on social and domestic affairs, religious practices, illnesses, and the deaths of his father and children.

London, The National Archives

SP Dom, 14/80/76-84: Viewed on microfilm. Draft orders for the government of Catholic priests being sent to Wisbech Castle, 1615.

SP Dom, 14/81/54-58, 96-97, 103, 114-116: Viewed on microfilm. This collection contains letters sent between the Bishop of Durham, the Archbishop of Canterbury and the spy surgeon Christopher Newkirk. They date from 1614-1616. The letters document the process by which Newkirk, posing as a Catholic surgeon, managed to infiltrate recusant networks in Yorkshire.

SP Dom, 14/88/217-218: Viewed on Microfilm. Several more letters sent between the Bishop of Durham, the Archbishop of Canterbury and the spy surgeon Christopher Newkirk, all dated 1616.

London, Royal College of Physicians

MS 640: The letter book of Thomas Wharton (1614-1673). The volume is octavo sized, contains copies of 34 letters, and is unpaginated. Wharton was an Anglican physician based in London during his later career, though he had familial, social and occupational connections in Yorkshire. A number of the letters in this volume were written from Wharton to his patients. Some provide practical advice and moral instruction, whilst others express comfort to the families of deceased patients.

London, Wellcome Library

MS 184a: Lady Frances Catchmay's (d.1629) 'Booke of Medecins'. The volume contains 134 folios, and was viewed in a digitized version. It was written by several contemporary hands with a few late seventeenth-century additions. Frances Catchmay resided in Gloucestershire, and upon her death, bequeathed the book to her son William (d.1683).

MS 213: 'A Booke of divers Medecines, Broothes, Salves, Waters, Syroppes and Oyntementes…experienced and tried by the spectiall practize of Mrs Corylon. Anno Domini 1606'. Above this title, and in the same hand, is written 'Liber Comitissae Arundeliae'. This lady is Alathea Talbot, Countess of Arundel and Surrey, wife of Thomas Howard, second Early of Arundel (1586-1646). It seems plausible that 'Mrs Corylon' was a servant in their household. The volume contains 350 folios, and was viewed in a digitized version. Treatments noted include recipes for sores, swollen legs, headaches, heat in the kidneys, joint pain, burns, and stomach aches.

MS 3341: 'A Collection of Cookery, Household and Medical Recipes' belonging to the Lowther family. The volume contains 125 folios and was viewed in a digitized version. On the recto of the first leaf an inscription reads 'W. Lowther his book'. The Wellcome catalogue notes that this is probably William Lowther of Marske, Yorkshire (1670-1705). The collection includes recipes for saffron water, plague water, elderberry water, and 'aqua marablis'.

MS 3724: 'A Booke of Preserves, Cookery, and Phisicall Medicines' belonging to Sir Thomas Osborne (1631-1712). On the first leaf is the name 'Danby' and the date 1670. Sir Thomas was successively the first Earl of Danby, Marquis of Carmarthen, and Duke of Leeds. The volume contains 181 folios and was viewed in a digitized version. Recipes include a 'water for the face', 'Dr Chambers water for a cold stomach', 'Dr Butlers powder for the stone', and 'Dr Burges his direction for the plague.'

Northallerton, North Yorkshire County Record Office

MS PR/BED 7/3/4: An account of the schools, hospitals and other public charities in Bedale, composed in 1788. This volume contains 17 folios and was designed 'to be read out once or twice a year' to the parishioners of Bedale, the churchwardens, and the overseers for the poor.

MS R/Q/R/11: Papers relating to the physician William Hillary (1697-1763). Hillary practised medicine in both Bradford and Ripon. He was a Quaker and a close friend of Dr John Fothergill, both a colleague and a co-religionist. The collection includes a report from a Quaker meeting concerning the marriage of Hillary's parents, 1692; and a paper on Hillary reprinted from the British Medical Journal (1957).

MS ZSQ 5: An anonymous book of medicines. The author has written 'Receipt Book 1765' on the front cover. The volume contains over 100 folios and is octavo sized. Treatments noted include 'a cure for the bite of a mad dog copied from a receipt in Balthorpe Church', and a 'Pommade Divine' made of 'spring water, rose water, Cyprus root, orris root, cloves, [and] cinnamon', which 'was almost infallible' against cancers.

ZDA MIC 1224: The Darley Family Papers, viewed on microfilm. The Darley family were based in north Yorkshire, across the manors of Buttercrambe and Skerringham. They were one of Yorkshire's leading godly families and Henry Darley (1596-1671), politician, was an active member of the restored Rump 1659-1660 (see ODNB entry). This collection contains four medical recipe books compiled between 1690 and 1734. Each contains over 100 folios. Remedies for bruises, coughs, stomach disorders, and dropsy have been noted.

Washington D.C., Folger Shakespeare Library

MS v.b. 333: Papers of the Goodricke family of Ribston Hall, Nidderdale, Yorkshire. 39 items collected into a volume dating from 1639-1689. The collection contains 28 letters on various subjects, and 11 documents relating to the careers of Sir John Goodricke and his son Henry Goodricke.

MS X.d. 451: Papers of the Rich Family of Roos Hall, Suffolk. 231 items collected into 4 boxes, the bulk of these date from 1649-1715. The collection includes estate papers, correspondence, manorial records, wills, inventories and legal documents.

MS X.d. 488: The notebook of Sir Edward Dering (1598-1644). Dering was a landowner and JP based in Kent. He was a committed Anglican and known for attempting to convert Roman Catholic acquaintances (see ODNB entry). The notebook, containing 41 folios, includes reflections on theological disputes, the Roman Church, and charitable practices.

York, Borthwick Institute

MS Nom.Sur: Nominations and testimonials for an episcopal license to practice surgery in the diocese of York, dating 1660-1790. Three boxes, loose papers.

MS Nom.M: Nominations and testimonials for an episcopal license to practice midwifery in the diocese of York, dating 1662-1772. Two boxes, loose papers.

MS BpSch.1-26: Correspondence, petitions, papers, and deeds relating to the schools and charities in which the Archbishop of York had a personal interest as governor or patron or was appealed to as ordinary in cases of dispute. Eight boxes, loose papers.

MS Bp C+P I-II: Correspondence and papers of John Sharp (1691-1714) and Sir William Dawes (1714-1724). Two boxes, loose papers.

MS DR.WH: Records of Wandesford Hospital 1734-1939. This collection includes administrative papers, historical notes, account books, receipt books, trustees' minute books, and information on hospital inmates.

Printed Primary Sources

A.B. *A Letter from a Minister to a Person of Quality Shewing Some Reasons for his Nonconformity.* London, 1662.

Abbadie, Jacques. *The Art of Knowing One-Self.* London, 1695.

Abercromby, David. *Protestancy to be Embrac'd, or, A New and Infallible Method to Reduce Romanists from Popery to Protestancy.* London, 1682.

Abbot, George. *An Exposition Upon the Prophet Ionah Contained in Certaine Sermons, Preached in S. Maries Church in Oxford.* London, 1600.

---. *The Reasons which Doctor Hill hath brought for the Upholding of Papistry.* London, 1604.

Abbot, Robert. *A Triall of our Church-Forsakers. Or A Meditation Tending to still the Passions of unquiet Brownists.* London, 1639.

---. *The Young-Mans Warning-Peece, or, A Sermon Preached at the Buriall of William Rogers, Apothecary.* London, 1639.

A.C. *True Relations of Sundry Conferences had Between Certaine Protestant Doctours and a Jesuite called M.Fisher then Prisoner in London for the Catholique fayth.* London, 1626.

Adams, Thomas. *The Blacke Devil or the Apostate Together with the Wolfe Worrying the Lambes.* London, 1615.

---. *The Devils Blanket Described in Four Sermons.* London, 1614.

---. *Diseases of the Soule, A Discourse Divine, Moral and Physical.* London, 1616.

---. *A Divine Herbal Together with a Forest of Thornes.* London, 1616.

---. *Mystical Bedlam or the World of Mad Men.* London, 1615.

---. *The Sacrifice of Thankfulnesse.* London, 1616.

Allan, G. *Collectanea Dunelmensis, Collections Relating Sherburn Hospital in the County Palatine of Durham.* Durham, 1771.

Allestree, Richard. *The Causes of the Decays of Christian Piety.* London, 1667.

Alsop, Vincent. *A Sober Inquirie into the Preachings and Practises of the Non-Conformists.* London, 1678.

A.M. *A Rich Closet of Physical Secrets.* London, 1652.

Amos, Andrew. *The Great Oyer of Poisoning.* London, 1846.

Anderson, Anthony. *An Approved Medicine Against the Deserved Plague.* London, 1593.

Annelsey, Samuel. *The Life and Funeral Sermon of the Reverend Mr. Thomas Brand*. London, 1692.

Anon. *Ars Moriendi. Here Begynneth a Lyttel Treatyse…Called the Ars Moriendi, that is to saye, the Crafte to Dye.* London, 1532.

Anon. *The Complaint of a Sinner to the Tune of the Bonny Broome.* London, 1635.

Anon. *The Compleat Midwifes Practice.* London, 1656.

Anon. *A Declaration of a Strange and Wonderfull Monster: Born in Kirkham Parish in Lancashire.* London, 1646.

Anon. *The Disclosing of a Late Counterfeyted Possession of the Devil in two Maydens within the Citie of London.* London, 1574.

Anon, *The Dying Man's Assistant.* London, 1697.

Anon. *A Funeral Elegy Upon the much lamented Death of the Right Honourable and Eminently Vertuous Lady Mary, Lady Dowager, Countess of Warwick.* London, 1678.

Anon. *The History of Ripon Comprehending a Civil and Ecclesiastical Account of that Ancient Borough.* Ripon, 1806.

Anon. *A History of the Free Grammar School and Charity at Brentwood.* Brentwood, 1868.

Anon. *The Jovial Beggars Merry Crew to the Tune of a Figg for France.* London, 1671.

Anon. *A Monstrous Birth: Or, A True Relation of Three Strange and Prodigious Things Like Young Cats.* London, 1657.

Anon. *A Persuasive to Mutual Love and Charity Among Christians who differ in Opinion…By a Minister of the Gospel.* London, 1739.

Anon. *The Pretender an Imposter.* London, 1711.

Anon. *The Ungrateful Alms-Man Rebuked and the Quakers Sincerity & Charity Opposing Hypocrisie and Cruelty in Answer to an Abusive Pamphlet.* London, 1674.

Anthony, John. *The Comfort of the Soul Laid Down by way of Meditation*. London, 1654.

Bacon, Francis. *The Two Bookes of Francis Bacon, Of the Proficience and Advancement of Learning, Diuine and Humane To the King*. London, 1605.

Banister, John. *A Needefull, New, and Necessarie Treatise of Chyrurgerie Briefly Comprehending the Generall and Particuler Curation of Ulcers.* London, 1575.

Barker, Edmund. *A Sermon Preached at the Funerall of the Right Honourable and most Excellent Lady, the Lady Elizabeth Capell.* London, 1661.

Batchlier, John. *The Virgins Pattern: In The Exemplary Life, and Lamented Death of Mrs. Susanna Perwich.* London, 1661.

Baxter, Richard. *A Christian Directory, or, A Summ of Practical Theologie.* London, 1673.

---. *A Defence of the Principles of Love, which are Necessary to the Unity and Concord of Christians.* London, 1671.

---. *The English Nonconformity as under King Charles II and King James II Truly Stated*. London, 1689.

---. *A Key for Catholicks, to open the Jugling of the Jesuits.* London, 1659.

Bayly, Lewis. *The Practice of Piety, Directing a Christian how to Walk that he may Please God.* London, 1695.

Beaumont, Fred. *A History of Coggeshall in Essex.* 1890.

Becon, Thomas. *The Sycke Mans Salve*. London, 1631.

Bedell, William. *An Examination of Certaine Motives to Recusancie.* London, 1621.

Blomfield, W.E. *Yorkshire Baptist Churches in the Seventeenth and Eighteenth Centuries.* York, 1912.

Blount, Thomas. *Glossographia.* London, 1661.

Bonet, Theophile. *A Guide to the Practical Physician*. 1686.

Boorde, Andrew. *The Breviary of Health.* London, 1547.

Bourne, Henry. *The History of Newcastle upon Tyne: or, the Ancient and Present State of that Town.* Newcastle, 1736.

Bowen, H.P. *The Religious Annals of Brentwood With a Brief History of the Origin and Progress of Protestant Nonconformity in that Town.* Brentwood, 1864.

Boyle, Robert. *The Christian Virtuoso Shewing that by Being Addicted to Experimental Philosophy, a Man is Rather Assisted than Indisposed to be a Good Christian.* London, 1690.

Braybrooke, Richard Lord. *The History of Audley End to Which are Appended Notices of the Town and Parish of Saffron Walden in the County of Essex.* Essex, 1836.

Brooks, Thomas. *The Mute Christian Under the Smarting Rod.* London, 1698.

Browne, John. *Adenochoiradelogia, or, An Anatomick-Chirurgical Treatise of Glandules & Strumaes or, Kings-Evil-Swellings.* London, 1684.

Brown, Hugh Dom, ed. *London Sessions Records 1605-1685.* Leeds: Catholic Record Society, 1934.

Browne, Thomas. *Religio Medici.* London, 1642.

Bullein, William. *Bulleins Bulwarke of Defence Against all Sicknesse, Soarenesse, and Woundes that doe Dayly Assaulte Mankinde.* London, 1579.

Burgis, Thomas. *Vade Mecum or, a Companion for a Chyrurgion*. London, 1651.

Burton, Robert. *The Anatomy of Melancholy.* London, 1632.
Bury, Samuel. *An Account of the Life and Death of Mrs Elizabeth Bury.* London, 1720.

Cademan, Thomas. *The Earle of Bedfords Passage to the Highest Court of Parliament…Observed by his Lordships Physitian Doctor Cademan.* London, 1641.

Calamy, Edmund. *An Abridgement of Mr Baxter's History of His Life and Times.* London, 1713.

---. *An Account of the Ministers, Lecturers, Masters and Fellows of Colleges and Schoolmasters, who were Ejected or Silenced After the Restoration in 1660.* London, 1713.

Castle, George. *The Chymical Galenist: a treatise wherein the practise of the ancients is reconcil'd to the new discoveries in the theory of physick*. London, 1667.

Caxton, William, ed. *The Golden Legend or Lives of the Saints Volume V*. London: J.M Dent & Co, 1900.

Chambers, Mary Catharine Elizabeth. *The Life of Mary Ward 1585-1645*. London, 1882.

Challoner, Richard. *Memoirs of Missionary Priests Newly Edited and Revised by J.H. Pollen.* London: Burns Oates and Co., 1924.

Christy, M. *A History of The Mineral Waters and Medicinal Springs of the County of Essex.* Stratford, 1910.

Clarke, Samuel. *A Collection of the Lives of Ten Eminent Divines*. London, 1662.

---. *The Lives of Sundry Eminent Persons in this Later Age.* London, 1683.

---. *The Lives of Thirty-Two Eminent Divines Famous in their Generations for Learning and Piety.* London, 1677.

Clay, J.W, ed. *Dugdale's Visitation of Yorkshire in Two Volumes*. London: William Pollard and Co., 1874-1899.

Coleridge, Henry James, ed. *The Life of Mary Ward 1585-1645*. London, 1885.

Collop, John. *Charity commended, or, A Catholick Christian Soberly Instructed by J.C. M.D*. London, 1667.

---. *Medici Catholicon, or A Catholick Medicine for the Diseases of Charitie by J.C. M.D*. London 1655.

Cotta, John. *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practisers of Physicke in England.* London, 1612.

Coulton, Thomas. *The Funeral Sermon of Dame Sarah Hewley Preached at St. Saviourgate Chapel, York, 1710, by the Rev. Thomas Coulton, M.D.* London, 1836.

Cradock, Samuel. *Knowledge and Practice, or a Plain Discourse of the Chief Things Necessary to be Known, Believ'd and Practised in order to Salvation.* London, 1673.

Croke, Charles. *A Sad Memoriall of Henry Curwen.* Oxford, 1638.

Crooke, Helkiah. *Mikrokosmographia.* London, 1615.

Culpeper, Nicholas. *Culpeper's School of Physick.* London, 1696.

---. *A Directory for Midwives.* London, 1656.

---. *The English Physician, Enlarged with Three Hundred and Sixty Nine Medicines, Made of English Herbs.* London, 1665.

Dalton, John. *The Religious use of the Visitation of Sickness*. Bath, 1746.

Darrell, John. *A True Narration of the Strange and Grevous Vexation by the Devill, of 7 Persons in Lancashire.* London, 1600.

Dasent, J.R. *Acts of the Privy Council of England.* London, 1890.

Davids, T.W. *Evangelical Nonconformity in the County of Essex From the Time of Wycliffe to the Restoration with Memorials of the Essex Ministers who were Ejected or Silenced in 1660-1662.* London, 1836.

Deane, Edmund. *Spadacrene Anglica or The English Spaw-Fountaine Being a Briefe Treatise of the Acide, or Tart Fountaine in the Forest of Knaresborow, in the West-Riding of Yorkshire.* London, 1626.

Draxe, Thomas. *The Sick Mans Catechisme, or a Path-Way to Felicitie.* London, 1609.

Dunton, John. *Dunton's Remains, or, The Dying Pastour's Last Legacy to his Friends and Parishioners.* London, 1684.

Edwards, John. *A Demonstration of the Existence and Providence of God.* London, 1696.

Elyot, Thomas. *The Castel of Health.* London, 1561.

Evelyn, John. *Numismata, a Discourse of Medals, Ancient and Modern Together with some Account of Heads and Effigies of Illustrious, and Famous Persons.* London, 1697.

Ewbancke, George. *The Pilgrims Port or The Weary Mans Rest in the Grave Opened and Improved in a Sermon, at the Funeral of the Honorable Ms. Margaret Marwood.* London, 1660.

Faber, Albertus Otto. *Englands Warning, that is Three Remarkable Visions of Stephen Melish*. London, 1664.

---. *A Remonstrance in Reference to the Act to Prevent and Suppress Seditious Conventicles.* London, 1664.

---. *Some Kindling Sparks in Matters of Physick*. London, 1668.

---. *XII Visions of Stephen Melish a Germane.* London, 1663.

Featley, Daniel. *Ancilla Pietatis, or the Hand-Maid to Private Devotion.* London, 1626.

Fisher, John. *The Deanery of Harlow: A Small Contribution to the History of the Church of Essex.* London, 1922.

Fox, George. *The History of Pontefract in Yorkshire.* 1827.

Foley, Henry, ed. *Records of the English Province of the Society of Jesus: Historic Facts Illustrative of the Labours and Sufferings of its Members in the Sixteenth and Seventeenth Centuries in Six Volumes*. London, 1875-1883.

Freind, John. *Nine Commentaries upon Fevers: and two Epistles concerning the Small-Pox Addressed to Dr. Mead.* London, 1730.

Garnet, Henry. *An Apology Against the Defence of Schism.* London, 1593.

Gayton, Edmund. *The Religion of a Physician.* London, 1663.

Gerard, John. *The Herball or Generall Historie of Plants.* London, 1633.

Gibson, T. E., ed. *A Cavalier's Note Book: Notes, Anecdotes and Observations of William Blundell of Crosby, Lancashire.* London, 1880.

Glanvill, Joseph. *Catholick Charity Recommended in a Sermon…in order to the abating the Animosities among Christians that have been Occasion'd by Differences in Religion.* London, 1669.

Glascock, John. *Mary's Choice, or, The Choice of the Truly Godly Person Opened…in a Sermon Preached at the Funeral of Mrs. Anne Petter*. London, 1659.

Gouge, William. *Of Domesticall Duties: Eight Treatises.* London, 1622.

---. *God's Three Arrows: Plague, Famine, Sword*. London, 1631.

Greatrakes, Valentine. *A Brief Account of Mr. Valentine Greatraks*. London, 1666.

Grey, W. *Chorographia, or a Survey of Newcastle-upon-Tyne.* Newcastle, 1649.

Griffith, Matthew. *Bethel: or a Forme for Families.* London, 1633.

Guilbert, Philbert. *The Charitable Physitian Shewing The Manner to Embalme a Dead Corps.* London, 1639.

Hamilton, Adam, ed. *The Chronicle of The English Augustinian Canonesses Regular of the Lateran, At St Monica's in Louvain 1548-1625 Volume I.* London, 1904.

---, ed. *The Chronicle of the English Augustinian Canonesses Regular of the Lateran, At St Monica's in Louvain 1625-1644, Volume II.* London, 1906.

Hargrove, E. *The History of the Castle, Town and Forest of Knaresborough with Harrogate and its Medicinal Waters.* York, 1775.

Hawkins, Henry. *The Devout Hart.* Rouen, 1624.

Hayward, John. *The Sanctuarie of a Troubled Soule.* London, 1631.

Hill, Thomas. *A Pleasant History Declaring the Whole Art of Phisiognomy.* London, 1613.

Hinderwell, Thomas. *The History and Antiquities of Scarborough and the Vicinity with Views and Plans.* London, 1798.

Holmes, Richard. *A Short Account of the History of Pontefract and Chief Places of Interest in the Surrounding Neighbourhood.* Pontefract, 1881.

Houlbrooke, Ralph, ed. *English Family Life 1576-1716: An Anthology from Diaries*. Oxford: Basil Blackwell, 1988.

Howe, John. *A Discourse Relating to the Expectation of Future Blessedness.* London, 1705.

---. *A Funeral Sermon for that Faithful and Laborious Servant of Christ Mr. Richard Fairclough.* London, 1682.

Hunter, Thomas, ed. *An English Carmelite: The Life of Catharine Burton, Mother Mary Xaveria of the Angels… Collected from her Own Writings and Other Sources*. London: Burns and Oates, 1876.

Irish, David. *Levamen Infirmi: or, Cordial Counsel to the Sick and Diseased.* London, 1700.

James, T.S. *The History of the Litigation and Legislation Respecting Presbyterian Chapels and Charities in England and Ireland Between 1816 and 1849.* London: Hamilton Adams, 1867.

Janeway, James. *Death Unstung, A Sermon Preached at the Funeral of Thomas Mowesley, an Apothecary*. London, 1669.

Jenner, Thomas. *The Souls Solace or Thirtie and One Emblems.* London, 1626.

Johnson, Thomas. *The Workes of that Famous Chirurgion Ambrose Parey Translated out of Latine and compared with the French.* London, 1634.

Jurieu, Pierre. *The Policy of the Clergy of France, to Destroy the Protestants of the Kingdom.* 1681.

Ken, Thomas. *A Sermon Preached at the Funeral of the Right Honourable the Lady Margaret Mainard, at Little Easton in Essex.* London, 1682.

Kenworthy-Browne, Christina, ed. *Mary Ward 1585-1645: A Brief Relation With Autobiographical Fragments and Letters.* Woodbridge: Boydell Press, 2008.

Keynes, Geoffrey, ed. *The Works of Sir Thomas Browne Volume Six*. London: Faber and Faber, 1931.

Kidder, Richard. *Charity Directed, or, The Way to Give Alms to the Greatest Advantage.* London, 1676.

Knox, T.F., ed. *The Letters and Memorials of William Allen.* London, 1882.

Latimer, Hugh. *The Seconde Sermon of Maister Hughe Latimer which he Preached before the Kynges Maiestie.* London, 1549.

Legh, Geogre. *The Uncharitableness of Modern Charity*. London, 1722.
Lemnius, Lævinus. *The Secret Miracles of Nature.* London, 1638.

Lister, John. *The Yorkshire Archaeological and Topographical Association: Record Series Volume III: West Riding Sessions Rolls 1597-1602.* York, 1888.

Lloyd, David. *Memoires of the Lives, Actions, Sufferings and Deaths of those Personages that Suffered by Death, Sequestration, Decimation, or Otherwise, for the Protestant Religion.* London, 1668.

Marks, Eldred. *Little Baddow Congregational Church.* Chelmsford, 1930.

Margerison, Samuel, ed. *Memorandum Book of Walter Calverley.* York, 1886.

Marlow, John. *Phármaka Ouranóthen: Or A Discourse of the Divine Institution and most Effectual Application of Medicinal Remedies.* London, 1673.

Morant, M. *The History and Antiquities of the Borough of Colchester in the County of Essex.* Colchester, 1810.

More, Henry. *An Antidote Against Atheism.* London, 1655.

Morris, John. *The Troubles of Our Catholic Forefathers, Related by Themselves in Three Volumes.* London, 1877.

Mush, John. *An Abstract of the Life of Mistres Margaret Clitherowe.* London, 1619.

Oates, Titus. *Eikon Vasilike Tetarte, or, The Picture of the Late King James.* London, 1697.

Owen, Jonathan. *A Funeral Sermon Opening the Nature and Grounds of Assurance, Occasioned by the Death of Mr. Philip King.* London, 1700.

Palmes, William. *Life of Mrs Dorothy Lawson of St. Anthony's, near New-Castle-Upon-Tyne in Northumberland.* NewCastle: G.B Richardson, 1851.

Patrick, Simon. *The Devout Christian Instructed how to Pray and Give Thanks to God.* London, 1673.

Parsons, Daniel, ed. *The Diary of Sir Henry Slingsby of Scriven.* York, 1836.

Peacock, Edward. *A List of the Roman Catholics in the County of York in 1604.* London, 1872.

Penney, Norman, ed. *Extracts from the State Papers Relating to Friends 1654 to 1672.* London, 1913.

Perkins, William. *A Warning Against the Idolatrie of the Last Times.* Cambridge, 1603.

Persons, Robert. *A Brief Discourse: Conteyning Certaine Reasons why Catholikes Refuse to goe to Church.* English Secret Press, 1601.

---. *A Christian Directory Guiding Men to their Salvation.* Rouen, 1585.

---. *The First Book of Christian Exercise.* Rouen, 1582.

Petti, Anthony, ed. *The Letters and Despatches of Richard Verstegan c.1550-1640*. London: Catholic Record Society, 1959.

Phillips, Edward. *The New World of English Words, or, A General Dictionary.* London, 1658.

Pierce, Robert. *Bath Memoirs: or, Observations in three and forty years practice, at the bath what cures have been there wrought.* London, 1697.

Powell, Gabriel. *The Resolved Christian, Exhorting to Resolution.* London, 1600.

Power, Henry. *Experimental Philosophy: in Three Books Containing New Experiments Microscopical, Mercurial, Magnetical.* London, 1664.

Primrose, James. *Popular Errors, or the Errors of the People in Physick.* London, 1651.

Rainbowe, Edward. *A Sermon Preached at the Funeral of the Right Honorable Anne, Countess of Pembroke.* London, 1677.

---. *A Sermon Preached at Walden in Essex, May 29th. At the Interring of the Corps of the Right Honorable Susanna, Countesse of Suffolke.* London, 1649.

Raine, James, ed. *Depositions from the Castle of York Relating to Offences Committed in the Northern Counties in the Seventeenth Century.* Durham, 1861.

Raines, F.R., ed. *The Journal of Nicholas Assheton.* Chetham Society, 1848.

Raynalde, Thomas. *The Birth of Mankynde.* London, 1565.

Record, Robert. *The Urinal of Physick…Whereunto is Added an Ingenious Treatise Concerning Physicians, Apothecaries, and Chyrurgians.* London, 1547.

Reynolds, Edward. *A Sermon Preached before the Peers in the Abby Church at Westminster, 1666, being a day of Solemn Humiliation for the Continuing Pestilence*. London, 1666.

Reynolds, E.E., ed. *Miscellanea: Recusancy Papers of the Meynell Family.* London: Catholic Record Society, 1964.

Richardson, James, ed. *Extracts from the Municipal Accounts of Newcastle-upon-Tyne.* Newcastle, 1848.

Rueff, Jacob. *The Expert Midwife.* London, 1637.

Sachse, William, ed. *The Diary of Roger Lowe 1663-1678.* London: Longmans & Co, 1938.

Saunders, Richard. *Physiognomie, Chiromancie, Metoposcopie.* London, 1653.

Scarisbrick, Edward. *The Life of the Lady Warner of Parham in Suffolk.* London, 1692.

Scott, John. *The Christian Life from its Beginning to its Consumption in Glory.* London, 1681.

Scott, W.T. *Antiquities of an Essex Parish or Pages from the History of Great Dunmow.* London, 1873.

Sharp, Jane. *The Midwives Book.* London, 1671.

Sharp, Thomas. *A Charity-Sermon for the Relief of Poor Widows, and Children of Clergymen.* York, 1721.

Shelton, William. *A Sermon at the Funeral of Mr. Christopher Glascock, the Late Eminent School-Master of Felsted in Essex.* London, 1690.

Shower, John. *The Mourners Companion: Or Funeral Discourses on Several Texts.* London, 1699.

Skinker, Tannakin. *A Certaine Relation of the Hog-faced Gentlewoman, called Mistres Tannakin Skinker.* London, 1640.

Smith, Henry. *The Poore Mans Teares Opened in a Sermon.* London, 1592.

Smith, Richard. *The Life of the most Honourable and Vertuous Lady, the Lady Magdalen Viscountesse Montague.* St. Omer: English College Press, 1627.

Stockton, Owen. *The Life of Mrs Ellen Asty.* London, 1681.

Storey, Matthew, and David Dymond, eds. *Two East Anglian Diaries 1641-1729.* Woodbridge: Boydell Press, 1994.

Stubbes, Henry. *An Account of the Severall Marvailous Cures Performed by a Stroaking of the Hands of Mr Valentine Greatraik*. Oxford, 1666.

Sutton, Christopher. *Disce Viuere Learne to Liue a Briefe Treatise of Learning to Liue, Wherein is Shewed that the Life of Christ is, and ought to be, the Most Perfect Patterne of Direction.* London, 1617.

Taylor, Jermey. *Holy Living in which are Described the Means and Instruments of Obtaining Every Virtue.* London, 1656.

---. *The Rule and Exercises of Holy Dying.* London, 1651.

Turner, William. *A New Book of Spiritual Physik.* Emden, 1555

Tyrer, Frank, and J.J. Bagley, eds. *The Great Diurnal of Nicholas Blundell of Little Crosby Volume I 1702-1711.* Manchester: Record Society of Lancashire and Cheshire, 1968.

---. *The Great Diurnal of Nicholas Blundell of Little Crosby Volume II 1712-1719.* Manchester: Record Society of Lancashire and Cheshire, 1970.

Young, George. *A History of Whitby.* London, 1817.

Verstegan, Richard. *Theatrum Crudelitatum Haereticorum Nostri Temporis.* Antwerp, 1587.

Vicars, John. *The Sinfulness and Unlawfulness of Having or Making the Picture of Christs Humanity.* London, 1641.

Walker, Anthony. *Eureka Eureka, The Virtuous Woman Found her Loss Bewailed, and Character Exemplified in a Sermon Preached at Felsted in Essex.* London, 1678.

Walton, Isaac. *XXXV Sermons by the Right Reverend Father in God, Robert Sanderson.* London, 1681.

Ward, John. *The Diary of the Rev. John Ward, A.M., Vicar of Stratford-Upon-Avon...1648-1679*, edited by Charles Severn. London, 1839.

Watson, Thomas. *Gods Anatomy Upon Mans Heart.* London, 1654.

Watson, Thomas. *A Body of Practical Divinity.* London, 1692.

Watts, J. *An Account of the Life and Death of Mrs Elizabeth Bury, Chiefly Collected out of her Own Diary Together with her Funeral Sermon*. London, 1720.

Whately, William. *A Bride-Brush, or A Direction for Married Persons.* London, 1623.

Willis, Thomas. *Dr. Willis's Practice of Physick being the Whole Works of that Renowned and Famous Physician.* London, 1684.

Wilson, John. *An English Martyrologie.* Saint-Omer English College Press, 1608.

Wilson, T.L. *The History and Topography of Upminster.* Romford, 1880.

Winstanley, William. *The Loyall Martyrology.* London, 1665.

Wood, T., *A Sermon Preached on the Death of Mr N. Aspden, Surgeon, Before a respectable Audience in the Methodist Chapel.* Rochdale, 1798.

Woodall, John. *The Surgeons Mate or Military and Domestique Surgery.* London, 1655.

Wright, Thomas. *Certaine Articles or Forcible Reasons Discovering the Palpable Absurdities, and most Notorious and Intricate Errors of the Protestant Religion.* English Secret Press, 1604.

---. *The Disposition or Garnishment of the Soule.* English Secret Press, 1596.

Secondary Literature

Accati, Luisa. "The Spirit of Fornication: Virtue of the Soul and Virtue of the Body in Friuli, 1600-1800." In *Sex and Gender in Historical Perspective,* edited by Edward Muir and Guido Ruggeiro, 110-40. Baltimore: John Hopkins University Press, 1990.

Alberti, Fay. *Matters of the Heart: History, Medicine and Emotion.* New York: Oxford University Press, 2010.

Almond, P.C. *Demonic Possession and Exorcism in Early Modern England: Contemporary Texts and Cultural Contexts.* Cambridge: Cambridge University Press, 2004.

Amundsen, Darrel. "Medicine and Faith in Early Christianity." *Bulletin of the History of Medicine* 56 (1982): 326-50.

Anselment, Raymond A. "'The Want of Health': An Early Eighteenth-Century Self-Portrait of Sickness." *Literature and Medicine* 15 (1996): 225-43.

Archer, Ian. "The Arts and Acts of Memorialization in Early Modern London." In *Imagining Early Modern London: Perceptions and Portrayals of the City from Stow to Strype 1598-1720*, edited by J.E. Merrit, 89-117. Cambridge: Cambridge University Press, 2001.

Atkinson, David William. *The English Ars Morendi.* New York: Peter Lang, 1992.

Aveling, Hugh. *Catholic Recusancy in the City of York 1558-1791.* London: Catholic Record Society, 1970.

---. "The Catholic Recusants of the West Riding of Yorkshire 1558-1790." *Proceedings of the Leeds Philosophical and Literary Society* 10 (1962): 191-306.

---. *The Handle and the Axe: The Catholic Recusants in England from the Reformation to Emancipation.* London: Blond and Briggs, 1976.

---. *Northern Catholics: The Catholic Recusants of the North Riding of Yorkshire 1558-1790.* London: Geoffrey Chapman, 1966.

---. *Post-Reformation Catholicism in East Yorkshire, 1558-1790*. York: East Yorkshire Local History Society, 1960.

Bahlcke, Joachim, and Arno Strohmeyer, eds. *Konfessionalisierung in Ostmitteleuropa. Wirkungen des religiosen Wandels im 16. und 17. Jahrhunert in Staat, Gesellschaft und Kultur.* Stuttgart: F. Steiner, 1999.

Baker, Derek, ed. *Schism, Heresy and Religious Protest: Studies in Church History Volume 9.* Cambridge: Cambridge University Press, 1972.

Ball, Jennifer L. "Baby Steps: Reassessing the Historical Analysis of Reproduction." *Journal of Women's History* 21 (2009): 213-21.

Barber, Brian. *A History of Doncaster.* Chichester: Phillimore, 2007.

Barry, Jonathan. "Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol." In *Patients and Practitioners: Lay Perceptions of Illness in Pre-Industrial Society*, edited by Roy Porter, 145-177. Cambridge: Cambridge University Press, 1985.

---, Marianne Hester, and Gareth Roberts, eds. *Witchcraft in Early Modern Europe: Studies in Culture and Belief*. Cambridge: Cambridge University Press, 1996.

Bastow, Sarah. *The Catholic Gentry of Yorkshire 1536-1642: Resistance and Accommodation.* Lewiston: Edwin Mellen Press, 2007.

Baxandall, Michael. *Painting in Fifteenth-Century Italy.* Oxford: Oxford University Press, 1988.

---. *Patterns of Intention: On the Historical Explanation of Pictures*. New Haven: Yale University Press, 1985.

Beaver, Daniel. *Parish Communities and Religious Conflict in the Vale of Gloucester 1590-1690.* Cambridge, Massachusetts and London: Harvard University Press, 1998.

Beier, A.L. *Masterless Men: The Vagrancy Problem in England 1560-1640.* London: Methuen, 1985.

Beier, Lucinda. "The Good Death in Seventeenth-Century England." In *Death, Ritual and Bereavement*, edited by Ralph Houlbrooke, 43-61. London: Routledge, 1989.

---. *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England.* London: Routledge, 1987.

Berry, Helen and Elizabeth Foyster, eds. *The Family in Early Modern England.* Cambridge: Cambridge University Press, 2007.

Biller, Peter and Joseph Ziegler, eds. *Religion and Medicine in the Middle Ages.* Woodbridge: Boydell Press, 2001.

Birken, William. "The Dissenting Tradition of English Medicine in the Seventeenth and Eighteenth Centuries." *Medical History* 39 (1995): 197-218.

---. "The Royal College of Physicians of London and its Support of the Parliamentary Cause in the English Civil War." *Journal of British Studies* 23 (1983): 47-62.

Bloom, J. H., and R. R. James. *Medical Practitioners in the Diocese of London Licensed Under the Act of 3 Henry VIII, c. 11, an Annotated List 1529-1725.* Cambridge: Cambridge University Press, 1935.

Bonzol, Judith. "The Medical Diagnosis of Demonic Possession in an Early Modern English Community." *Parergon,* 26 (2009): 115-40.

Bossy, John, ed. *Disputes and Settlement: Law and Human Relations in the West.* Cambridge: Cambridge University Press, 1983.

---. *The English Catholic Community 1570-1850.* London: Darton, 1975.

---. "Holiness and Society." *Past and Present* 75, 1 (1977): 119-37.

---. *Peace in the Post-Reformation.* Cambridge: Cambridge University Press, 1998.

---. "The Social History of Confession in the Age of Reformation." *Transactions of the Royal Historical Society* 25 (1975): 21-38.

---. *Under the Molehill: An Elizabethan Spy Story.* New Haven and London: Yale University Press, 2001.

Brady, Andrea. "Dying with Honour: Literary Propaganda and the Second English Civil War." *Journal of Military History* 70 (2006): 9-30.

Brigden, Susan. "Religion and Social Obligation in Early Sixteenth-Century London." *Past and Present* 103 (1984): 67-112.

Brogan, Stephen. "The Royal Touch." *History Today* 61 (2011): 46-52.

Brown, David. *God and Grace of Body: Sacrament in Ordinary.* New York: Oxford University Press, 2007.

Brown, Peter. "The Rise and Function of the Holy Man in Late Antiquity." *Journal of Roman Studies* 61 (1971): 80-101.

Bruce, Steve, ed. *Religion and Modernization: Sociologists and Historians Debate the Secularization Thesis.* Oxford: Clarendon Press, 1992.

Callow, John. "The Last of the Shireburnes: The Art of Death and Life in Recusant Lancashire, 1660-1754." *Recusant History* 26 (2003): 589-616.

Cambers, Andrew. *Godly Reading: Print, Manuscript and Puritanism in England, 1580-1720.* Cambridge: Cambridge University Press, 2011.

Camporesi, Piero. *The Incorruptible Flesh: Bodily Mutation and Mortification in Religion and Folklore.* Cambridge: Cambridge University Press, 1988.

Cavallo, Sandra and Silvia Evangelisti, eds. *Domestic Interiors in Early Modern Europe.* Farnham: Ashgate, 2009.

Capp, Bernard. *When Gossips Meet: Women, Family and Neighbourhood in Early Modern England.* Oxford: Oxford University Press, 2003.

Carlson, Eric Josef. "English Funeral Sermons as Sources: The Example of Female Piety in pre-1640 Sermons." *Albion* 32 (2000): 567-97.

Churchill, Wendy, D. "The Medical Practice of the Sexed Body: Women, Men, and Disease in Britain, circa 1600-1740." *Social History of Medicine* 18 (2005): 3-22.

Clark, J.C.D. "Secularization and Modernization: The Failure of a Grand Narrative." *Historical Journal* 55 (2012): 161-94.

Clark, Peter, ed. *The Cambridge Urban History of Britain 1540-1840.* Cambridge: Cambridge University Press, 2000.

---, and Paul Slack, eds. *Crisis and Order in English Towns 1500-1700: Essays in Urban History.* London: Routledge, 1972.

Clark, Stuart. "Demons and Disease: the Disenchantment of the Sick (1500-1700)." In *Illness and Healing Alternatives in Western Europe*, edited by Marijke Gijswijt-Hofstra, Hilary Marland and Hans De Waardt, 38-59. London: Routledge, 1997.

---. "The Reformation of the Eyes: Apparitions and Optics in Sixteenth- and Seventeenth-Century Europe." *Journal of Religious History* 27 (2003): 143-60.

---. *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe*. Oxford: Clarendon Press, 1997.

Claydon, Tony. *William III and The Godly Revolution.* Cambridge: Cambridge University Press, 1996.

Cliffe, John. *The Yorkshire Gentry from the Reformation to the Civil War.* London: Athlone Press, 1969.

Cody, Lisa, ed. *Writings on Medicine.* Aldershot: Ashgate, 2002.

Coffey, John. *Persecution and Toleration in Protestant England* 1558-1689. Harlow: Longman, 2000.

Cohen, Mark. "Introduction: Poverty and Charity in Past Times." *Journal of Interdisciplinary History* 35 (2005): 347-60.

Colley, Linda. "Britishness and Otherness: An Argument." *Journal of British Studies* 31 (1992): 309-29.

Collinson, Patrick. *Godly People: Essays on English Protestantism and Puritanism.* London: Hambledon Press, 1983.

---. "The Politics of Religion and the Religion of Politics in Elizabethan England." *Historical Research* 82 (2008): 74-92.

---, and John Craig, eds. *The Reformation in English Towns.* New York: St Martins Press, 1998.

---. *The Religion of Protestants: the Church in English Society 1559-1625.* Oxford: Clarendon Press, 1982.

Conrad, Peter and Joseph Schneider, eds. *Deviance and Medicalization: From Badness to Sickness.* Philadelphia: Temple University Press, 1992.

Conrad, Peter. *The Medicalization of Society: On the Treating of Human Conditions into Treatable Disorders.* Baltimore: Johns Hopkins University Press, 2007.

Cook, Harold. *The Decline of the Old Medical Regime in Stuart London.* New York: Cornell University Press, 1986.

---. "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians." *Journal of British Studies* 33 (1994): 1-31.

---. "Policing the Health of London: The College of Physicians and the Early Stuart Monarchy." *Social History of Medicine* 2 (1989): 1-33.

Cooper, Janet, ed. *A History of the County of Essex Volume IX, The Borough of Colchester: The Victoria History of the Counties of England.* London: Oxford University Press, 1994.

Cooper, Kate and Jeremy Gregory, eds. *Studies in Church History 41: Signs, Wonders, Miracles.* Woodbridge: Boydell Press, 2005.

Cooper, Tim. "Richard Baxter and his Physicians." *Social History of Medicine* 20 (2007): 1-19.

Corthell, Ronald, ed. *Catholic Culture in Early Modern England.* London: University of Notre Dame Press, 2007.

Coster, Will. *Baptism and Spiritual Kinship in Early Modern England.* Aldershot: Ashgate, 2002.

---. *Family and Kinship in England 1450-1800.* London: Longman, 2001.

Covington, Sarah. *Wounds, Flesh and Metaphor in Seventeenth-Century England.* Basingstoke: Palgrave Macmillan, 2009.

Crawford, Jenifer. *A Dangerous Innovator: Mary Ward 1585-1645.* Strathfield: St Paul's Publications, 2000.

Crawford, Patricia. *Women and Religion in England 1500-1720.* London: Routledge, 1993.

Cregan, Kate. *The Theatre of the Body*: *Staging Death and Embodying Life in Early Modern London.* Abingdon: Marston, 2009.

Cressy, David. *Birth, Marriage and Death: Ritual, Religion and the Life Cycle in Tudor and Stuart England.* New York: Oxford University Press, 1997.

Cubitt, Geoffrey and Allen Warren, eds. *Heroic Reputations and Exemplary Lives* Manchester: Manchester University Press, 2000.

Cunningham, Andrew. *The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients.* Aldershot: Scolar, 1997.

Dacome, Lucia. "Resurrecting by Numbers in Eighteenth-Century England." *Past and Present* 193 (2006): 73-110.

Dale, Bryan. *Yorkshire Puritanism and Early Nonconformity.* Bradford, 1909.

Daston, Lorraine, and Katharine Park. *Wonders and the Order of Nature 1150-1750.* New York: Zone Books, 1998.

Daston, Lorraine and Elizabeth Lunbeck, eds. *Histories of Scientific Observation*. Chicago: University of Chicago Press, 2011.

Davies, Adrian. *The Quakers in English Society 1655-1725.* Oxford: Clarendon Press, 2000.

Davis, Natalie Z. "The Sacred and the Body Social in Sixteenth-Century Lyon." *Past and Present* 90 (1981): 40-70.

Debus, Allen G., ed. *Medicine in Seventeenth-Century England*. Berkeley: University of California Press, 1974.

Dillon, Anne. *The Construction of Martyrdom in the English Catholic Community 1535-1603.* Aldershot: Ashgate, 2002.

Dixon, C. Scott, Dagmar Freist, and Mark Greengrass, eds. *Living with Religious Diversity in Early Modern Europe*. Farnham: Ashgate, 2009.

Dolan, Frances. "Gender and the 'Lost' Spaces of Catholicism." *Journal of Interdisciplinary History* 32 (2002): 641-65.

Dormer, A.E. *The Origins and History of the Forest Group of Hospitals*. Essex, 1974.

Duden, Barbara. *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany.* London: Harvard University Press, 1991.

Duffin, Jacalyn. "The Doctor Was Surprised; or, How to Diagnose a Miracle." *Bulletin of the History of Medicine* 81 (2007): 699-729.

Duffy, Eamon. *The Voices of Morebath: Reformation and Rebellion in an English Village.* New Haven and London: Yale University Press, 2001.

Duke, Alistair. *Dissident Identities in the Early Modern Low Countries.* Farnham: Ashgate, 2009.

Dunn, Mary Corley. "The Miracles at Sainte-Anne-du-Petit-Cap and the Making of a Seventeenth-Century Colonial Community." *The Canadian Historical Review* 91 (2010): 611-35.

Edwards, A.C. *English History from Essex Sources 1550-1750.* Chelmsford: Essex Record Office Publications, 1952.

Edwards, Ben. "The Shireburne Almshouses." *The Lancashire Local Historian* 10 (1995): 27-36.

Egmond, Florike and Robert Zwijnenberg, eds. *Bodily Extremities: Preoccupations with the Human Body in Early Modern Europe.* Aldershot: Ashgate, 2002.

Elmer, Peter, ed. *The Healing Arts: Health, Disease and Society in Europe 1500-1800.* Manchester: Manchester University Press, 2004.

---. "Medicine, Witchcraft and the Politics of Healing in Late Seventeenth-Century England." In *Medicine and Religion in Enlightenment Europe*, edited by Ole Peter Grell and Andrew Cunningham, 223-42. Aldershot: Ashgate, 2007.

---. *The Miraculous Conformist: Valentine Greatrakes, the Body Politic, and the Politics of Healing in Restoration Britain*. Oxford: Oxford University Press, 2012.

---. "Science, Medicine and Witchcraft." In *Palgrave Advances in Witchcraft Historiography*, edited by Jonathan Barry and Owen Davies, 33-51. Basingstoke: Palgrave Macmillan, 2007.

Evenden, Doreen. *The Midwives of Seventeenth-Century London.* Cambridge: Cambridge University Press, 2000.

Feher, Micahel, Ramona Naddaff, and Nadia Tazi, eds. *Fragments for a History of the Human Body Volumes 1-3.* (New York: Zone, 1989).

Ferngren, G. "Early Christianity as a Religion of Healing." *Bulletin of the History of Medicine* 66 (1992): 1-15.

Fields, Valerie, ed. *Women as Mothers in Pre-Industrial England.* London and New York: Routledge, 1990.

Fissell, Mary. *Patients, Power, and the Poor in Eighteenth-Century Bristol.* Cambridge: Cambridge University Press, 1991.

---. "Women, Health and Healing in Early Modern Europe." *Bulletin of the History of Medicine* 82 (2008): 1-17.

Fletcher, Anthony and John Stevenson, eds. *Order and Disorder in Early Modern England*. London and New York: Cambridge University Press, 1985.

---, and P. Roberts, eds. *Religion, Culture and Society in Early Modern England: Essays in the Honour of Patrick Collinson.* Cambridge: Cambridge University Press, 1994.

Foley, B. *Notes on Some Catholic Confessors in the County of Essex.* Brentwood: Essex Recusant Society, 1963.

Freeman, Thomas. "'Demons, Deviance and Defiance:' John Darrell and the Politics of Exorcism in late Elizabethan England." In *Conformity and Orthodoxy in the English Church, c.1560-1660*, edited by Peter Lake and Michael Questier, 34-63. Woodbridge: Boydell Press, 2000.

French, Roger and Andrew Wear, eds. *British Medicine in an Age of Reform.* London and New York: Routledge, 1991.

---, eds. *The Medical Revolution of the Seventeenth Century.* Cambridge: Cambridge University Press, 1989.

Frijhoff, Willem. *Embodied Belief: Ten Essays on Religious Culture in Dutch History.* Hilversum: Uitgeverij Verloren, 2002.

Gentilcore, David. *Healers and Healing in Early Modern Italy.* Manchester and New York: Manchester University Press, 1998.

George, C.H.L., and Julie Sutherland, eds. *Heroes and Villains: The Creation and Propagation of an Image.* Durham: University of Durham Press, 2004.

Gijswijt-Hofstra, Marijke, Hilary Marland, and Hans De Waardt, eds. *Illness and Healing Alternatives in Western Europe.* London: Routledge, 1997.

Gilbert, C.D. "John Hasley, Recusant Physician." *Midland Catholic History* 3 (1994): 4-8.

Glickman, Gabriel. *The English Catholic Community 1688-1745: Politics, Culture and Ideology.* Woodbridge: The Boydell Press, 2009.

Goldgar, Anne and Robert I. Frost, eds. *Institutional Culture in Early Modern Society.* Leiden: BRILL, 2004.

Goose, Nigel, and Henk Looijesteijn. "Almshouses in England and the Dutch Republic circa 1350-1800: A Comparative Perspective." *Journal of Social History* 45 (2012): 1049-73.

Gordon, Alexander. *Freedom After Ejection: A Review (1690-1692) of Presbyterian and Congregational Nonconformity in England and Wales.* Manchester, 1917.

Gordon, Bruce and Peter Marshall, eds. *The Place of the Dead: Death and Remembrance in Late Medieval and Early Modern Europe.* Cambridge: Cambridge University Press, 2000.

Granshaw, Lindsay and Roy Porter, eds. *The Hospital in History.* London and New York: Routledge, 1989.

Green, Ian. *The Christian's ABC: Catechizing and Catechism in England c. 1530-1740.* Oxford: Clarendon Press, 1996.

Gregory, Brad. *Salvation at Stake: Christian Martyrdom in Early Modern Europe.* Cambridge, Massachusetts and London: Harvard University Press, 1999.

Grell, Ole Peter, Jonathan Israel, and Nicholas Tyacke, eds. *From Persecution to Toleration: The Glorious Revolution and Religion in England.* Oxford: Clarendon Press, 1991.

Grell, Ole Peter and Andrew Cunningham, eds. *Health Care and Poor Relief in Protestant Europe 1500-1700.* London and New York: Routledge, 1997.

---. *The Four Horsemen of the Apocalypse: Religion, War, Famine and Death in Reformation Europe*. Cambridge: Cambridge University Press, 2000.

---, eds. *Medicine and the Reformation.* London: Routledge, 1993.

---, eds. *Medicine and Religion in Enlightenment Europe.* Aldershot: Ashgate, 2007.

---, eds. *Religio Medici: Medicine and Religion in Seventeenth-Century England.* Aldershot: Ashgate, 1996.

Grell, Ole Peter and Robert Scribner, eds. *Tolerance and Intolerance in the European Reformation.* Cambridge: Cambridge University press, 1996.

Guerrini, Anita. "Alexander Monro Primus and the Moral Theatre of Anatomy." *The Eighteenth Century* 47 (2006): 1-18.

Guy, John. "The Episcopal Licensing of Physicians, Surgeons and Midwives." *Bulletin of the History of Medicine* 56 (1982): 528-42.

Haigh, Christopher. "Catholicism in Early Modern England: Bossy and Beyond." *Historical Journal,* 45 (2002): 481-94.

---. "The Continuity of Catholicism in the English Reformation." *Past and Present* 93 (1981): 37-69.

---. *The Plain Man's Pathways to Heaven: Kinds of Christianity in Post-Reformation England 1570-1640.* Oxford: Oxford University Press, 2007.

---. *Reformation and Resistance in Tudor Lancashire.* Cambridge: Cambridge University Press, 1975.

Hairston, Julia L., and Walter Stephens, eds. *The Body in Early Modern Italy*. Baltimore: Johns Hopkins University Press, 2010.

Haller, William. *Liberty and Reformation in the Puritan Revolution.* New York: Columbia University Press, 1955.

Hallett, Anna. *Almshouses.* Buckinghamshire: Shire Publications, 2005.

Hamling, Tara and Catherine Richardson, eds. *Everyday Objects: Medieval and Early Modern Material Culture and its Meanings.* Farnham: Ashgate, 2010.

Hankins, Jeffery. "Papists, Power, and Puritans: Catholic Office-holding and the Rise of the 'Puritan Faction' in Early-Seventeenth-Century Essex." *The Catholic Historical Review* 95 (2009): 689-717.

Hanlon, Gregory. *Confession and Community in Seventeenth-Century France: Catholic and Protestant Coexistence in Aquitaine.* Philadelphia: University of Philadelphia Press, 1993.

Hannaway, Caroline. "Medicine and Religion in Pre-Revolutionary France: Introduction." *Social History of Medicine* 2 (1989): 315-17.

Harding, Vanessa. *The Dead and the Living in Paris and London, 1500-1670.* Cambridge: Cambridge University Press, 2002.

Harkness, Deborah E. "A View from the Streets: Women and Medical Work in Elizabethan London." *Bulletin of the History of Medicine* 82 (2008): 52-85.

Harley, David. "Anglo-American Perspectives on Early Modern Medicine: Society, Religion and Science." *Perspectives on Science* 4 (1996): 346-87.

---. "'Bred up in the Study of that Faculty': Licensed Physicians in North-West England, 1660-1760." *Medical History* 38 (1994): 398-420.

---. "Medical Metaphors in English Moral Theology, 1560-1660." *Journal of the History of Medicine* 48 (1993): 396-435.

---. "Political Post-Mortems and Morbid Anatomy in Seventeenth-Century England." *Social History of Medicine* 7 (1994): 1-28.

---. "Rhetoric and the Social Construction of Sickness and Healing." *Social History of Medicine* 12 (1999): 407-35.

---. "Spiritual Physic, Providence and English Medicine 1560-1640." In *Medicine and the Reformation*, edited by Ole Peter Grell and Andrew Cunningham, 101-17. London: Routledge, 1993.

---. "The Theology of Affliction and the Experience of Sickness in the Godly Family 1650-1714." In *Religio Medici: Religion and Medicine in Seventeenth-Century England*, edited by Ole Peter Grell and Andrew Cunningham, 272-92. Aldershot: Ashgate, 1996.

Harris, Jonathan. *Foreign Bodies and the Body Politic in Early Modern England.* Cambridge: Cambridge University Press, 1998.

Harris, Tim, Paul Seward, and Mark Goldie, eds. *The Politics of Religion in Restoration England.* Oxford: Basil Blackwell, 1990.

Harvey, Karen. "The Substance of Sexual Difference: Change and Persistence in Representations of the Body in Eighteenth-Century England." *Gender and History* 14 (2002): 202-23.

Heal, Felicity. *Hospitality in Early Modern England.* Oxford: Clarendon Press, 1990.

Heyd, Michael. *Be Sober, Be Reasonable: The Critique of Enthusiasm in the Seventeenth and Early Eighteenth Centuries.* Leiden: Brill, 1995.

Hindle, Steve. *On the Parish? The Micro-Politics of Poor Relief in Rural England c.1550-1750.* Oxford: Clarendon Press, 2004.

---. "The Problem of Pauper Marriage in Seventeenth-Century England." *Transactions of the Royal Historical Society* 8 (1998): 71-89.

---. *The State and Social Change in Early Modern England 1550-1640.* London: Palgrave, 2000.

Hodgetts, Michael. "A Topographical Index of Hiding Places." *Recusant History* 2 (1982): 146-216.

Holmes, Geoffrey. *Augustan England: Professions, State and Society, 1680-1730.* London, Allen and Unwin, 1982.

Hook, Brian, and R.R. Reno. *Heroism and the Christian Life: Reclaiming Excellence.* Louisville: Westminster John Knox Press, 2000.

Horden, Peregrine. "Religion as Medicine: Music in Medieval Hospitals." In *Religion and Medicine in the Middle Ages*, edited by Peter Biller and Joseph Ziegler, 135-154. Woodbridge: Boydell Press, 2001.

---. "The Earliest Hospitals in Byzantium, Western Europe and Islam." *Journal of Interdisciplinary History* 35 (2005): 361-89.

Horrox, Rosemary and Sarah Rees Jones, eds. *Pragmatic Utopias: Ideals and Communities, 1200-1630.* Cambridge: Cambridge University Press, 2001.

Houlbrooke, Ralph. *Death, Religion and the Family in England 1450-1750.* Oxford: Clarendon Press, 1998.

---, ed. *Death, Ritual and Bereavement.* London: Routledge, 1989.

---. *The English Family 1450-1700.* London: Longman, 1984.

Houston, Alan and Steve Pincus, eds. *A Nation Transformed: England After Restoration.* Cambridge: Cambridge University Press, 2001.

Howard, Sharon. "Imagining the Pain and Peril of Seventeenth-Century Childbirth: Travail and Deliverance in the Making of an Early Modern World." *Social History of Medicine* 16 (2003): 367-82.

Howson, James. *A Brief History of Barking and Dagenham.* London: Borough of Barking, 1979.

Hsia, R. Po-Chia. *The World of Catholic Renewal 1540-1770.* Cambridge: Cambridge University Press, 1998.

Hughes, J.T. "Dr Henry Power (1626-1668): The Medical Practice of a Halifax Physician." *Transactions of the Halifax Antiquarian Society* 11 (2003): 56-67.

Hunt, William. *The Puritan Moment: The Coming of a Revolution in an English County.* London and Massachusetts: Harvard University Press, 1983.

Hunter, Michael and David Wootton, eds. *Atheism from the Reformation to the Enlightenment.* Oxford: Clarendon, 1992.

Hunter, Michael. *John Aubrey and the Realm of Learning*. London: Duckworth, 1975.

---. "The Problem of 'Atheism' in Early Modern England." *Transactions of the Royal Historical Society* 35 (1985): 135-57.

---, ed. *Robert Boyle Reconsidered.* Cambridge: Cambridge University Press, 1994.
Jacob, W. M. *Lay People and Religion in the Early Eighteenth Century.* Cambridge: Cambridge University Press, 1996.

Jenner, Mark and Patrick Wallis, eds. *Medicine and the Market in England and its Colonies 1450-1850.* Basingstoke: Palgrave Macmillan, 2007.

Johnson, Terrence. *Professions and Power.* Essex: Anchor Press, 1972.

Jones, Colin. *The Charitable Imperative: Hospitals in Ancien Regime and Revolutionary France.* London and New York: Routledge, 1989.

---, and Jonathan Barry, eds. *Medicine and Charity Before the Welfare State.* London and New York: Routledge, 1991.

---, and Roy Porter, eds. *Reassessing Foucault: Power, Medicine and the Body.* London and New York: Routledge, 1994.

Jones, Norman and Daniel Woolf, eds. *Local Identities in Late Medieval and Early Modern England*. Basingstoke: Palgrave Macmillan, 2007.

Jordan, W.K. *The Charities of Rural England 1480-1660.* London: Unwin LTD, 1961.

---. *The Development of Religious Toleration in England* 4 vols. London: George Allen and Unwin LTD, 1932-1940.

Jordanova, Ludmilla. "And?" *British Journal for the History of Science* 35 (2002): 341-45.

---. *Defining Features: Scientific and Medical Portraits 1660-2000.* London: Reaktion Books, 2000.

---. "Medicine and Visual Culture." *Social History of Medicine* 3 (1990): 89-62.

---. "Portraits, People and Things: Richard Mead and Medical Identity." *History of Science* 61 (2003): 293-313.

---. "Review: Has the Social History of Medicine Come of Age?" *The Historical Journal* 36 (1993): 437-49.

---. "Richard Mead's Communities of Belief in Eighteenth-Century London." In *Christianity and Community in the West,* edited by Simon Ditchfield, 241-59. Aldershot: Ashgate, 2001.

---. "The Social Construction of Medical Knowledge." *Social History of Medicine* 8 (1995): 361-81.

Jutte, Robert. *Poverty and Deviance in Early Modern Europe.* Cambridge: Cambridge University Press, 1994.

Kaplan, Benjamin J. *Divided by Faith: Religious Conflict and the Practice of Toleration in Early Modern Europe.* Cambridge, Massachusetts and London Harvard University Press, 2007.

---, Bob Moore, Henk Van Nierop, and Judith Pollmann, eds. *Catholic Communities in Protestant States: Britain and the Netherlands c.1570-1720*. Manchester and New York: Manchester University Press, 2009.

Kassell, Lauren. "Death Becomes Her: Review Article." *History Workshop Journal* 67 (2009): 270-76.

---. "The Economy of Magic in Early Modern England." In *The Practice of Reform in Health, Medicine and Science, 1500-2000*, edited by Margaret Pelling, 43-58. Aldershot: Ashgate, 2005.

---. *Medicine and Magic in Elizabethan London: Simon Forman, Astrologer, Alchemist and Physician.* Oxford: Clarendon Press, 2005.

King, Lester. *The Road to Medical Enlightenment 1650-1695.* London: Macdonald, 1970.

King, Steven, and Alan Weaver. “Lives in Many Hands: The Medical Landscape in Lancashire, 1700-1820.” *Medical History* 45 (2000): 173-200.

Knight, Leah. *Of Books and Botany in Early Modern England: Sixteenth-Century Plants and Print Culture.* Farnham: Ashgate, 2009.

Knott, J.R. “John Foxe and the Joy of Suffering.” *Sixteenth Century Journal* 27 (1996): 721-34.

Kocher, Paul H. “The Ideas of God in Elizabethan Medicine.” *Journal of the History of Ideas* 11 (1950): 3-29.

Kusukawa, Sachiko. “Aspectio Divinorum Operum: Melanchthon and Astrology for Lutheran Medics.” In *Medicine and the Reformation*, edited by Ole Peter Grell and Andrew Cunningham, 33-56. London: Routledge, 1993.

Lake, Peter. “Feminine Piety and Personal Potency: The Emancipation of Mrs Jane Ratcliffe.” *Seventeenth Century* 2 (1987): 143-65.

---, and Michael Questier. “Agency, Appropriation and Rhetoric Under the Gallows: Puritans, Romanists and the State in Early Modern England.” *Past and Present* 153 (1996): 64-107.

---, with Michael Questier. *The Anti-Christ’s Lewd Hat: Protestants, Papists and Players in Post-Reformation England*. New Haven: Yale University Press, 2002.

---, eds. *Conformity and Orthodoxy in the English Church c.1560-1660*. Woodbridge: Boydell Press, 2000.

---. *The Trials of Margaret Clitherow: Persecution, Martyrdom and the Politics of Sanctity in Elizabethan England.* London and New York: Continuum, 2011.

Laqueur, Thomas. *Making Sex: Body and Gender from the Greeks to Freud.* London: Harvard University Press, 1990.

Laven, Mary. “Encountering the Counter Reformation.” *Renaissance Quarterly* 59 (2006): 706-20.

Le Fanu, W.R. “A North-Riding Doctor in 1609.” *Medical History* 5 (1961): 178-88.

Leong, Elaine. “Making Medicines in the Early Modern Household.” *Bulletin of the History of Medicine* 82 (2008): 145-68.

Lewis, Frank. *A History of Rainham with Wennington and South Hornchurch.* London: Peter. R. Davis, 1966.

Lewycky, Nadine and Adam Morton, eds. *Getting Along? Religious Identities and Confessional Relations in Early Modern England.* Farnham: Ashgate, 2012.

Lindemann, Mary. *Medicine and Society in Early Modern Europe: Second Edition.* Cambridge: Cambridge University Press, 2010.

Loetz, Francisca, “Bridging the Gap: Confessionalization in Switzerland.” In *The Republican Alternative: The Netherlands and Switzerland Compared*, edited by Andre

Holenstein, Thomas Maissen and Maarten Prak, 75-98. Amsterdam: Amsterdam University Press, 2008.

---. "Why Change Habits? Early Modern Medical Innovation Between Medicalization and Medical Culture." *History and Philosophy of the Life Sciences* 32 (2010): 453-74.

Loudon, Irvine. "The Nature of Provincial Medical Practice in Eighteenth-Century England." *Medical History* 29 (1985): 1-32.

Lund, Mary Ann. *Melancholy, Medicine and Religion in Early Modern England: Reading The Anatomy of Melancholy.* Cambridge: Cambridge University Press, 2010.

Lunger-Knoppers, Laura. "Opening the Queen's Closet: Henrietta Maria, Elizabeth Cromwell and the Politics of Cookery." *Renaissance Quarterly* 60 (2007): 464-99.

Luria, Keith. *Sacred Boundaries: Religious Coexistence and Conflict in Early Modern France.* Washington D.C: The Catholic University of America Press, 2005.

---. "Separated by Death? Burials, Cemeteries, and Confessional Boundaries in Seventeenth-Century France." *French Historical Studies* 24 (2001): 185-222.

Mack, Phyllis. *Heart Religion in the British Enlightenment.* Cambridge: Cambridge University Press, 2008.

---. *Visionary Women: Ecstatic Prophecy in Seventeenth-Century England.* California: University of California Press, 1992.

MacDonald, Michael. "Insanity and the Realities of History in Early Modern England." *Psychological Medicine* 11 (1981): 11-25.

---. "The Medicalization of Suicide in England: Laymen, Physicians and Cultural Change 1500-1870." *Milbank Quarterly* 67 (1989): 69-91.

---. *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England*. Cambridge: Cambridge University Press, 1982.

---. "Religion, Social Change and Psychological Healing in England 1600-1800." In *The Church and Healing: Studies in Church History Volume 19*, edited by William Sheils, 101-27. Cambridge: Crampton & Sons, 1982.

Marland, Hilary, ed. *The Art of Midwifery: Early Modern Midwives in Europe.* London and New York: Routledge, 1993.

---, and Margaret Pelling, eds. *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800.* Rotterdam: Erasmus, 1996.

Marotti, Arthur. *Catholicism and Anti-Catholicism in Early Modern English Texts.* Basingstoke: Macmillan, 1999.

Marshall, J.D. "The Study of Local and Regional 'Communities': Some Problems and Possibilities." *Northern History* 17 (1981): 203-30.

Marshall, Peter. *Beliefs and the Dead in Reformation England*. New York: Oxford University Press, 2002.

---, and Geoffrey Scott, eds. *Catholic Gentry in English Society: The Throckmortons of Coughton from Reformation to Emancipation.* Burlington: Ashgate, 2009.

---, ed. *The Impact of the English Reformation 1500-1640.* London: Arnold, 1997.

---. "(Re)defining the English Reformation." *Journal of British Studies* 48 (2009): 564-86.

Martin, Jessica and Alec Ryrie, eds. *Private and Domestic Devotion in Early Modern Britain.* Farnham: Ashgate, 2012.

Matthews, A.G. *Calamy Revised: Being a Revisions of Edmund Calamy's Account of the Ministers and other Ejected and Silenced, 1660-1662.* Oxford: Clarendon Press, 1988.

McClain, Lisa. *Lest We Be Damned: Practical Innovation and Lived Experience among Catholics in Protestant England 1559-1642.* London: Routledge, 2004.

---."Using What's at Hand: English Catholic Reinterpretations of the Rosary, 1559-1642." *Journal of Religious History* 27 (2003): 161-76.

---. "Without Church, Cathedral, or Shrine: The Search for Religious Space Among Catholics in England 1559-1625." *Sixteenth Century Journal* 33 (2002): 381-99.

Mclendon, Muriel. *The Quiet Reformation: The Emergence of Protestantism in Tudor Norwich.* Stanford: Stanford University Press, 1999.

McClendon, Muriel, Joseph Ward, and Michael MacDonald, eds. *Protestant Identities: Religion, Society, and Self-Fashioning in Post-Reformation England.* Stanford: Stanford University Press, 1999.

McDowell, Nicholas. "Interpreting Communities: Private Acts and Public Culture in Early Modern England." *Criticism* 46 (2004): 281-98.

McIntosh, Marjorie. "Poverty, Charity and Coercion in Elizabethan England." *Journal of Interdisciplinary History* 35 (2005): 457-79.

McMahon, Vanessa. "Reading the Body: Dissection and the 'Murder' of Sarah Stout, Hertfordshire, 1699." *Social History of Medicine* 19 (2006): 19-35.

Mears, Natalie and Alec Ryrie, eds. *Worship and the Parish Church in Early Modern Britain.* Farnham: Ashgate, 2013.

Miller, John. "A Suffering People: English Quakers and their Neighbours 1650-1700." *Past and Present* 188 (2005): 71-103.

Moody, Joanna, ed. *The Private Life of an Elizabethan Lady: The Diary of Margaret Hoby 1599-1605*. Gloucestershire: Sutton Publishing, 1998.

Morgan, Victor, *A History of The University of Cambridge Volume II 1546-1750.* Cambridge: Cambridge University Press, 2004.

Mortimer, Ian. "Diocesan Licensing and Medical Practitioners in South-West England 1660-1780." *Medical History* 48 (2004): 49-68.

---. *The Dying and the Doctors: The Medical Revolution in Seventeenth Century England.* Woodbridge: Boydell Press, 2009.

---. “The Triumph of the Doctors: Medical Assistance to the Dying 1570-1720.” *Transactions of the Royal Historical Society* 15 (2005): 97-116.

Mullet, Michael. *Catholics in Britain and Ireland 1558-1829.* Basingstoke: Macmillan, 1998.

Nagy, Doreen. *Popular Medicine in Seventeenth-Century England.* Ohio: Bowling Green State University Press, 1988.

Naphy, William and Penny Roberts, eds. *Fear in Early Modern Society.* Manchester and New York: Manchester University Press, 1997.

Newman, William and Anthony Grafton, eds. *Secrets of Nature: Medical Astrology and Medical Alchemy in Early Modern Europe*. Massachusetts and Cambridge: MIT Press, 2001.

Newton, Hannah. “Children’s Physic: Medical Perceptions and Treatment of Sick Children in Early Modern England, c.1580-1720.” *Social History of Medicine* 23 (2010): 456-74.

---. *The Sick Child in Early Modern England, 1580-1720.* Oxford: Oxford University Press, 2012.

Newton, John. “The Yorkshire Puritan Movement 1603-1640.” *Transactions for the Congregational Historical Society* 19 (1960): 3-18.

Nirenberg, David. *Communities of Violence: Persecution of Minorities in the Middle Ages.* Princeton: Princeton University Press, 1996.

Nolan, M. “Essex Quarter Sessions Rolls.” *Essex Recusant* 18 (1976): 13-30.

---. “The History of Recusants as Illustrated from the Essex Quarter Sessions, 1575-1650.” *Essex Recusant* 17 (1975): 58-79.

---. “Quarter Sessions Rolls – III.” *Essex Recusant* 19 (1977): 5-16.

Numbers, Ronald and Darrel Amundsen, eds. *Caring and Curing: Health and Medicine in the Western Religious Traditions.* London: John Hopkins, 1998.

Nye, Robert A. “The Evolution of the Concept of Medicalization in the Late Twentieth Century.” *Journal of History of the Behavioural Sciences* 39 (2003): 115-29.

O’Brien, Patrick, ed. *Urban Achievements in Early Modern Europe*. Cambridge: Cambridge University Press, 2001.

Page, William, ed. *The Victoria History of the County of York: A History of Yorkshire Volumes II-III.* London: Constable and Company LTD, 1912-13.

Palliser, D. “Civic Mentality and the Environment in Tudor York.” *Northern History* 18 (1982): 77-116.

Park, Katharine. “The Criminal and the Saintly Body: Autopsy and Dissection in Renaissance Italy.” *Renaissance Quarterly* 47 (1994): 1-33.

---. “The Life of the Corpse: Division and Dissection in Late Medieval Europe.” *Journal of History of Medicine and Allied Sciences* 5 (1995): 111-32.

---. *Secrets of Women: Gender, Generation and the Origins of Human Dissection.* New York: Zone Books, 2006.

Parker, Charles. *Faith on the Margins: Catholics and Catholicism in the Dutch Golden Age.* Cambridge, Massachusetts and London: Harvard University Press, 2008.

---. "Paying for the Privilege: The Management of Public Order and Religious Pluralism in Two Early Modern Societies." *Journal of World History* 17 (2006): 267-96.

Parker, Keneth, and Eric J. Carlson. *"Practical Divinity": The Works and Life of Revd Richard Greenham.* Aldershot: Ashgate, 1998.

Pelling, Margaret. *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England.* London and New York: Longman, 1998.

---. *Medical Conflicts in Early Modern London.* Oxford: Clarendon Press, 2003.

---, ed. *The Practice of Reform in Health, Medicine and Science, 1500-2000, Essays For Charles Webster*. Aldershot: Ashgate, 2005.

Penycate, J.W. *A Guide to the Hospital of the Blessed Trinity (Abbot's Hospital) Guildford.* Guildford: Biddles, 1976.

Petry, Yvonne. "'Many Things Surpass our Knowledge:' An Early Modern Surgeon on Magic, Witchcraft and Demonic Possession." *Social History of Medicine* 25 (2012): 47-64.

Pettegree, Andrew. *Reformation and the Culture of Persuasion.* Cambridge: Cambridge University Press, 2005.

---. *The Reformation of the Parishes: The Ministry and the Reformation in Town and Country.* Manchester: Manchester University Press, 1993.

---, ed. *The Reformation World.* London: Routledge, 2000.

Pilsworth, Clare. "Medicine and Hagiography in Italy c.800-c.1000." *Social History of Medicine* 13 (2003): 253-64.

Pollmann, Judith. "Getting Along." *History Workshop Journal* 64 (2007): 419-24.

Pollock, Linda. *With Faith and Physic: The Life of a Tudor Gentlewoman Lady Grace Mildmay 1552-1620*. London: Collins and Brown, 1993.

Pomata, Gianna and Nancy G. Siraisi, eds. *Historia: Empiricism and Erudition in Early Modern Europe.* Cambridge and Massachusetts: MIT Press, 2005.

Pomata, Gianna. "A Word of the Empirics: The Ancient Concept of Observation and its Recovery in Early Modern Medicine." *Annals of Science* 68 (2010): 1-25.

Porter, Martin. *Windows of the Soul: Physiognomy in European Culture 1470-1780.* Oxford: Clarendon Press 2005.

Porter, Roy. *Disease, Medicine and Society in England 1550-1860.* Basingstoke: Macmillan Education, 1993.

---. *Health for Sale: Quackery in England 1660-1850.* Manchester: Manchester University Press, 1989.

---, and Vivian Nutton, eds. *The History of Medical Education in Britain*. Amsterdam: Atlanta, 1995.

---. "The Hour of Philippe Aries." *Mortality* 4 (1999): 83-90.

---, ed. *Medicine, a History of Healing: Ancient Traditions to Modern Practices*. London: Michael O' Mara, 1997.

---, ed. *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society.* Cambridge: Cambridge University Press, 1986.

---. "The Patient's View: Doing Medical History from Below." *Theory and Society* 14 (1985): 175-98.

---, and Andrew Wear, eds. *Problems and Methods in the History of Medicine.* London and New York: Croom Helm, 1987.

---, and John R. Hinnells, eds. *Religion, Health and Suffering.* London and New York: Kegan Paul International, 1999.

Porterfield, Amanda. *Healing in the History of Christianity.* New York: Oxford University Press, 2005.

Powell, W. R., ed. *A History of the County of Essex Volumes VI - VIII: The Victoria History of the Counties of England.* London: Oxford University Press, 1973-1983.

Prior, Mary. *Women in English Society 1500-1800.* London: Methuen, 1985.

Pullan, Brian. "Catholics, Protestants, and the Poor in Early Modern Europe." *Journal of Interdisciplinary History* 35 (2005): 441-56.

---. *Poverty and Charity: Europe, Italy and Venice 1400-1700.* Aldershot: Variorum, 1994.

Questier, Michael. *Catholicism and Community in Early Modern England*: *Politics, Aristocratic Patronage and Religion c. 1550-1640.* Cambridge: Cambridge University Press, 2006.

---. *Conversion, Politics and Religion in England, 1580-1625*. Cambridge: Cambridge University Press, 1996.

Raach, John. *A Directory of English Country Physicians, 1603-43.* London, 1962.

Ralph, Philip Lee. *Sir Humphrey Mildmay: Royalist Gentleman, Glimpses of the English Scene 1633-1652.* New Brunswick: Rutgers University Press, 1947.

Ranger, Terrence and Paul Slack, eds. *Epidemics and Ideas: Essays on the Historical Perception of Pestilence.* Cambridge: Cambridge University Press, 1992.

Reay, Barry. *Popular Cultures in England 1550-1750.* London: Longman, 1998.

Roper, Lyndal. *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe.* London: Routledge, 1994.

Rowlands, Marie B., ed. *Catholics of the Parish and Town 1558-1778*. London: Catholic Record Society, 1999.

Richardson, R.C. *Puritanism in North-West England: A Regional Study of the Diocese of Chester to 1642.* Manchester: Manchester University Press, 1972.

Rieder, Philip. "Miracles and Heretics: Protestant and Catholic Healing Practices in and Around Geneva." *Social History of Medicine* 23 (2010): 227-43.

Rosman, Doreen. *From Catholic to Protestant: Religion and the People in Tudor England.* London: UCL Press, 1996.

Rowlands, Marie B., ed. *Catholics of the Parish and Town 1558-1778.* London: Catholic Record Society, 1999.

Rublack, Ulinka. "Fluxes: The Early Modern Body and the Emotions." *History Workshop Journal* 53 (2002): 1-16.

Ruggiero, Guido. "The Strange Death of Margarita Marcellini: Male, Signs, and the Everyday World of Pre-Modern Medicine." *American Historical Review* 106 (2001): 1141-58.

Rushton, P. "The Poor Law, the Parish and the Community in North-East England 1600-1800." *Northern History* 25 (1989): 135-52.

Ryrie, Alec. *Being Protestant in Reformation Britain.* Oxford: Oxford University Press, 2013.

Saunders, Cicely. *Care of the Dying.* London: Macmillan, 1976.

---. *Selected Writings 1958-2004.* Oxford: Oxford University Press, 2006.

Sampson, Harriet. "Dr. Faber and his Celebrated Cordial." *Isis,* 34 (1943): 472-4.

Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture.* London: Routledge, 1995.

Schilling, Heinz. "Confessional Europe." In *Handbook of European History 1400-1600*, edited by Thomas Brady, Heiko Oberman, and James Tracy, 641-66. Leiden: Brill, 1994.

Scribner, Robert. "Incombustible Luther: The Image of the Reformer in Early Modern Germany." *Past and Present* 110 (1986): 38-68.

---. "The Reformation, Popular Magic and the 'Disenchantment of the World'." *Journal of Interdisciplinary History* 23 (1993): 475-94.

Scully, Robert. "The Unmaking of a Saint: Thomas Becket and the English Reformation." *Catholic History Review* 86 (2000): 579-602.

Shagan, Ethan, ed. *Catholics and the 'Protestant Nation': Religious Politics and Identity in Early Modern England.* Manchester: Manchester University Press, 2005.

Shapin, Steven, and Simon Schaffer. *Leviathan and the Air-Pump: Hobbes, Boyle and the Experimental Life.* New Jersey: Princeton University Press, 1985.

Shapin, Steven. “Descartes the Doctor: Rationalism and its Therapies.” *The British Journal for the History of Science* 33 (2000): 131-54.

---, ed. *Science Incarnate: Historical Embodiments of Natural Knowledge*. Chicago and London: The University of Chicago Press, 1998.

Sharpe, James. *Crime in Seventeenth-Century England.* Cambridge: Cambridge University Press, 1983.

---. *Early Modern England: A Social History 1550-1760.* London: Hodder Education, 1987.

---. *Instruments of Darkness: Witchcraft in England 1550-1750.* London: Hamish Hamilton, 1996.

---. “‘Last Dying Speeches’: Religion, Ideology and Public Execution in Seventeenth-Century England.” *Past and Present* 107 (1985): 144-67.

Shaw, Jane. *Miracles in Enlightenment England.* London and New Haven: Yale University Press, 2006.

Sheehan, Jonathan. “Enlightenment Religion and the Enigma of Secularization: A Review Essay.” *American Historical Review* 108 (2003): 1061-80.

---. “Sacred and Profane: Idolatry, Antiquarianism and the Polemics of Distinction in the Seventeenth Century.” *Past and Present* 192 (2006): 35-66.

Sheils, William. “Catholics and their Neighbours in a Rural Community: Egton Chapelry 1590-1780.” *Northern History* 34 (1998): 109-30.

---, ed. *The Church and Healing: Studies in Church History Volume 19.* Oxford: Blackwell, 1982.

Shepard, Alexandra and P.J. Withington, eds. *Communities in Early Modern England: Networks, Place, Rhetoric.* Manchester: Manchester University Press, 2000.

Sherborn, Charles Davies. *A History of the Family of Sherborne.* London: Mitchell and Hughes, 1901.

Siraisi, Nancy. *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice.* Chicago: University of Chicago Press, 1990.

---. “Oratory and Rhetoric in Renaissance Medicine.” *Journal of the History of Ideas* 65 (2004): 191-211.

Slack, Paul. *The Impact of Plague in Tudor and Stuart England*. London: Routledge, 1985.

---. *Poverty and Policy in Tudor and Stuart England.* London and New York: Longman, 1988.

Smith, Lisa Wynne. “‘An Account of an Unaccountable Distemper’: The Experience of Pain in Early Eighteenth-Century England and France.” *Eighteenth Century Studies* 41 (2004): 459-80.

Smith, Pamela. *The Body of the Artisan: Art and Experience in the Scientific Revolution.* Chicago: University of Chicago Press, 2004.

Smith, W.V. “Recusant Doctors in Northumberland and Durham, 1650-1790.” *Northern Catholic History* 23 (1986): 15-27.

Somerset, Anne. *Unnatural Murder: Poison at the Court of James I.* London: Weidenfeld and Nicolson, 1997.

Somerville, C.J. *Popular Religion in Restoration England.* Gainesville: The University Presses of Florida, 1977.

---. *The Secularization of Early Modern England: From Religious Culture to Religious Faith.* New York and Oxford: Oxford University Press, 1992.

Spicer, Andrew and Sarah Hamilton, eds. *Defining the Holy: Sacred Space in Medieval and Early Modern Europe.* Aldershot: Ashgate, 2005.

Spufford, Margaret. *Contrasting Communities: English Villages in the Sixteenth and Seventeenth Centuries: Second Edition*. Gloucestershire: Sutton Publishing, 2000.

---, ed. *World of Rural Dissenters 1520-1725.* Cambridge: Cambridge University Press, 1995.

Stachniewski, John. *The Persecutory Imagination: English Puritanism and the Literature of Religious Despair*. Oxford: Clarendon, 1991.

Stannard, David. *The Puritan Way of Death: a Study in Religion, Culture and Social Change*. Oxford: Oxford University Press, 1977.

Stebbings, Chantal. “Roman Catholics, Honorary Trusts and the Statute of Mortmain.” *Journal of Legal History* 18 (1997): 1-16.

Stolberg, Michael. *Experiencing Illness and the Sick Body in Early Modern Europe.* Basingstoke: Palgrave Macmillan, 2011.

---. “A Woman Down to her Bones: The Anatomy of Sexual Difference in the Seventeenth and Early Seventeenth Centuries.” *Isis* 94 (2003): 274-99.

Tadmor, Naomi. “The Concept of the Household Family in Eighteenth-Century England.” *Past and Present* 151 (1996): 111-40.

Tambiah, Stanley Jeyaraja. *Magic, Science, Religion and the Scope of Rationality*. Cambridge: Cambridge University Press, 1990.

Thomas, Keith. *Man and the Natural World: Changing Attitudes in England 1500-1800.* London: Penguin, 1983.

---. *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England.* London: Weidenfeld and Nicolson, 1971.

Tillott, P.M., ed. *A History of Yorkshire, The City of York: The Victoria History of the Counties of England.* London: Oxford University Press, 1961.

Trevor-Roper, Hugh. *Europe’s Physician: The Various Life of Sir Theodore De Mayerne.* New Haven and London: Yale University Press, 2006.

Underdown, David. *Fire from Heaven: Life in an English Town in the Seventeenth Century.* London: Harper Collins, 1992.

Van Teijlingen, Edwin R., George W. Lowis, Peter G. McCaffery, and Maureen Porter, eds. *Midwifery and the Medicalization of Childbirth: Comparative Perspectives.* New York: Nova Science Publishers, 2000.

Verhoeven, Gerrit. "Calvinist Pilgrimages and Popish Encounters: Religious Identity and Sacred Space on the Dutch Grand Tour (1598-1685)." *Journal of Social History* 43 (2010): 615-34.

Waddington, Keir. *An Introduction to the Social History of Medicine: Europe since 1500*. London: Palgrave Macmillan, 2011.

Walker, D.P. *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries.* Philadelphia: Pennsylvania University Press, 1981.

Walker, George. *The History of a Little Town: The Story of Billericay, Essex.* Chelmsford, 1947.

Walker, J.W. *Wakefield: Its History and its People, Volumes I and II.* Wakefield, 1939.

Wallis, Patrick. "Exotic Drugs and English Medicine: England's Drug Trade 1550-1800." *Social History of Medicine* (2011): 1-27.

Walsham, Alexandra. *Charitable Hatred: Tolerance and Intolerance in England 1500-1700.* Manchester: Manchester University Press, 2006.

---. *Church Papists: Catholicism, Conformity and Confessional Polemic in Early Modern England.* Woodbridge: Boydell Press, 1993.

---. "Cultures of Coexistence in Early Modern England: History, Literature and Religious Toleration." *Seventeenth Century* 28 (2013): 115-37.

---. "In Sickness and in Health: Medicine and Interconfessional Relations in Post-Reformation England." In *Living with Religious Diversity in Early Modern Europe*, edited by C. Scott Dixon, Dagmar Freist, and Mark Greengrass, 161-83. Farnham: Ashgate, 2009.

---. "Invisible Helpers: Angelic Intervention in Post-Reformation England." *Past and Present* 208 (2010): 77-130.

---. "Miracles and the Counter-Reformation Mission to England." *Historical Journal* 46 (2003): 779-815.

---. "Miracles in Enlightenment England." *Catholic Historical Review* 94 (2008): 385-6.

---. *Providence in Early Modern England.* New York: Oxford University Press, 1999.

---. "The Reformation and the Disenchantment of the World Reassessed." *Historical Journal* 51 (2008): 497-528.

---. *The Reformation of the Landscape: Religion, Identity and Memory in Early Modern Britain and Ireland.* Oxford: Oxford University Press, 2011.

---. “Reforming the Waters: Holy Wells and Healing Springs in Protestant England.” In *Life and Thought in the Northern Church c.1100-1700*, edited by Diana Wood, 227-55. Woodbridge: Boydell Press, 1999.

Watt, Jeffrey R., ed. *From Sin to Insanity: Suicide in Early Modern Europe.* New York: Cornell University Press, 2004.

Watts, Michael R. *The Dissenters: From the Reformation to the French Revolution.* Oxford: Clarendon Press, 1978.

Wear, Andrew. “Fear, Anxiety and the Plague in Early Modern England.” In *Religion, Health and Suffering*, edited by John Hinnells and Roy Porter, 339-63. London: Kegan Paul International, 1999.

---. *Knowledge and Practice in English Medicine 1550-1680*. Cambridge: Cambridge University Press, 2000.

---, ed. *Medicine in Society: Historical Essays.* Cambridge: Cambridge University Press, 1992.

---. “Medical Practice in Late Seventeenth- and Early Eighteenth-Century England: Continuity and Union.” In *The Medical Revolution of the Seventeenth Century*, edited by Roger French and Andrew Wear, 294-320. Cambridge: Cambridge University Press, 1989.

---. “Religious Beliefs and Medicine in Early Modern England.” In *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands 1450-1800*, edited by Hilary Marland and Margaret Pelling, 145-71. Rotterdam: Erasmus, 1996.

Weber, Max. *The Protestant Ethic and the Spirit of Capitalism,* translated by Talcott Parsons. New York, 1958.

Webster, Charles. *The Great Instauration: Science, Medicine and Reform 1626-1660, Second Edition*. Bern: Peter Lang AG, 2002.

---, ed. *Health, Medicine and Mortality in the Sixteenth Century.* Cambridge: Cambridge University Press, 1979.

---. “Henry Power's Experimental Philosophy.” *Ambix* 14 (1967): 150-78.

---. “Paracelsus Confronts the Saints: Miracles, Healing and the Secularization of Magic.” *Social History of Medicine* 8 (1995): 403-21.

Weisser, Olivia. “Boils, Pushes and Wheals: Reading Bumps on the Body in Early Modern England.” *Social History of Medicine* 22 (2009): 321-39.

West, Frederick. *A Sketch of the History of Nonconformity in the Neighbourhood of Braintree and Bocking.* London, 1891.

Whaley, Leigh. *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800.* Basingstoke: Palgrave Macmillan, 2011.

Williams, J.A. “Sources for Recusant History (1559-1791) in English Official Archives.” *Recusant History* 16 (1983): 331-443.

Williams, Simon, and Michael Calnan. “The ‘Limits’ of Medicalization? Modern Medicine and the Lay Populace in ‘Late’ Modernity.” *Social Science and Medicine* 42 (1996): 1609-20.

Wilson, Adrian. *The Making of Man-Midwifery: Childbirth in England 1660-1770.* Cambridge and Massachusetts: Harvard University Press, 1995.

Withey, Alun. *Physick and the Family: Health, Medicine and Care in Wales, 1600-1750.* Manchester: Manchester University Press, 2011.

Wood, Diana, ed. *Life and Thought in the Northern Church c. 1100-1700: Essays in the Honour of Claire Cross.* Woodbridge: Boydell Press, 1999.

Wooding, Lucy. *Rethinking Catholicism in Reformation England.* Oxford: Clarendon Press, 2000.

---. “Charity, Community and Reformation Propaganda.” *Reformation* 11 (2006): 131-69.
Woodward, John. *To do the Sick no Harm: A Study of the British Voluntary System to 1875.* London: Routledge, 1974.

Wootton, David. “Unbelief in Early Modern Europe.” *History Workshop Journal* 20 (1985): 82-100.

Worcester, Thomas. “A Defensive Discourse: Jesuits on Disease in Seventeenth-Century New France.” *French Colonial History* 6 (2005): 1-15.

Wright, S.J., ed. *Parish, Church and People: Local Studies in Lay Religion 1350-1750.* London: Hutchinson Education, 1988.

Wrightson, Keith and David Levine. *Poverty and Piety in an English Village: Terling 1525-1700.* New York and London: Academic Press, 1979.

Wrightson, Keith. *Earthly Necessities: Economic Lives in Early Modern Britain.* New Haven and London: Yale University Press, 2000.

---. “Mutualities and Obligations: Changing Social Relationships in Early Modern England.” *Proceedings of the British Academy* 139 (2005): 157-94.

Wrigley, E.A., and R.S. Schofield, *The Population History of England 1541-1871: A Reconstruction.* London: Edward Arnold, 1981.

Ziegler, Joseph. “Bodies, Diseases, and the Preservation of Health as foci of Inter-Religious Encounters in the Middle Ages.” In *Médecine et Religion: Collaborations, Compétitions, Conflits (XIIe- XXe Siecle)*, edited by Maria Pia Donata, Luc Berlivet, Sara Cabibbo, Raimondo Michettie, and Marilyn Nicoud, 37-57. Rome: École Française de Rome, 2013.

---. “Practitioners and Saints: Medical Men in Canonization Processes in the 13th to 15th Centuries.” *Social History of Medicine* 12 (1999): 191-225.

Zigarovich, Jolene. “Preserved Remains: Embalming Practices in Eighteenth-Century England.” *Eighteenth Century Life* 33 (2009): 65-104.

MA and PhD Dissertations

Brogan, Stephen. "The Royal Touch in Early Modern England: Its Changing Rationale and Practice." University of London: PhD diss., 2011.

Dwyer, Owen. "Catholic Recusants in Essex." University of London: MA diss., 1969.

Unpublished Work

Elmer, Peter. "Healers and Healing in the First Age of Party: Medicine, Politics and Dissent." This chapter will eventually appear in a monograph titled *Medicine, Religion and the Politics of Healing in Early Modern England*, current pagination 584-654, 587-588.

Kassell, Lauren. "Casebooks in Early Modern England: Astrology, Medicine and Written Records." *Bulletin of the History of Medicine*, in draft: 1-42.

Websites Consulted

Early English Books Online: http://eebo.chadwyck.com/home.

Munk's Roll: http://munksroll.rcplondon.ac.uk/.

Oxford Dictionary of National Biography: http://www.oxforddnb.com/.

The King James Bible Online: http://www.kingjamesbibleonline.org/.